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	Registration Dist. No.
16	No
os.	
1	trong
5-	
	St., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
l	(Month) (Day) (Year)
	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from
-	ang ,1933, to doc 16 ,1934
-	I last saw Janualive on
	to have occurred on the data stated above, atm.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	1. advonted Cordio - Vostula
	and disease
	1. 7 smil Corder's failure
1	
1	Other Contributory Causes of importance:
1	
-	
-	Nama of operation Data of
-	What test confirmed diagnosis? Was there an autopsy?
-	23. If daath was dua to external causes (VIOLENCE) fill in also tha following:
	Accident, suicide, or homicida?
-	Where did injury occur? (Specify city or town, county and State)
_	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	
	Manner of injury
6	Nature of injury
-	24. Was disease or injury in any way related to occupation of deceased?
-	If so, specify
44	(Signad) We alfred Va Ormer M.D.
	(Addrass) - Hostburg, me
	2477 N Charles Street Relimore Province 71 C No.

If more blanks are needed, address State Registrar,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CERTIFICATE OF DEATH STATE OF MARYLANDstate OCCUPA pluods County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. St. 6 RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVERCED (write the word) PERMANENT (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of EX certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Oavs If LESS than to have occurred on the date stated above, et. FOR stated I dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. 8. Trade, profession, or particular THIS **DCCUPATION** RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which plnous work was done, as StLK MILL, SAW MILL, BANK, etc.... 10. Oate deceased tast worked at 11. Totat time (years) this occupation (month and spent in this that occupation \_\_ instructions ADING Other Contributory Causes of importance: ARGIN 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?\_\_\_\_\_ Wes there an autopsy?\_ MOTHER important. 15. MAIOEN NAME in 23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide?\_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE plnods very OF (Address) 18. BURIAL, CREMATION OR REMOVA Manner of injury AUSE mation Nature of injury MOLL 24. Wes disease or injury in any way related to occupation of deceased? 19. UNOERTAKER 4 (Address) If so, specify (Signed) Registrar. (Address)

(Oay)

(Year)

Oate of onsat

Drug

That I attended deceased from

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Fa).
County allegany	Registration Dist. No.
Village or City Inschming my	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?drsds.
2. FULL NAME Legisle Stashiston D	elman
(a) Residence: No. Reutroal Sto Renacon	9 St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Write the word)  The services	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of pulsa Servey Delman	22. I HEREBY CERTIFY, That I attended deceased from 27th 1934 to Old 2 mg 1934
6. DATE OF BIRTH (month, day, and year) Quel 9, 1864	I last saw h we alive on all / ct, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.15 m.
70 3 /3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, Slave SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year)  Occupation  4	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	13
13. NAME Lacol. Beens	Dimino puemonea 10127-84
14. BIRTHPLACE (city or town) Longuery	Name of a constitution
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Richeal Buse	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Like a Dye  16. BIRTHPLACE (city or town) Onace many	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A SWAN All Man	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIONS OR REMOVAL Cemelery	Manner of injury
Place Land frashour Date NCCO, 1907	Nature of Injury
19. UNDERTAKER A. S.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lonsumy ma	If so, specify
20. FILED Se. 4 134 2, Oon 1 ylorus,	(Signed) M. D. M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 7 1505			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1 N. B.- TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MAR	RYLAND—CERTIFI	CATE OF	DEATH
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(108)
County alle gare	Registration Dist. No.
Village or City ( A tome of C 22 of	NoSt.,Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Homard Bine	
(a) Residence: No. Rawles md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH
Male mile dingle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	13. 1934, to AZZ 16 1934
6. DATE OF BIRTH (month, day, and year)	I last saw ham alive on The 124 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2m.
6821 — 1/4 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Sabular a the site. 10 1024
9. Industry or business in which	4
work was done, as SILK MILL, SAW MILL, BANK, etc	Robert preumania. Not a complexation
10. Date deceased last worked at this occupetion (month and spant in this	of poerious illoresses Cine
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
(State or country) Condetton to West VI	4
II 13. NAME Will Bennett	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury19
State or country)	Where did injury occur?
and love	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT franke blike (Address)	Specify whether highly secured in Maderia, in Manager in 11 about 1 East.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Karolings Me Date Der 16, 1924	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
171 of mullion of	(Signed) 3 Dal Hand ha 1/24 M. D.
20. FILED	Clasel Museum / /

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		380 -3 (\$13	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH pluods item of County -a any Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred Every How long in U.S. if of foreign birth?\_\_\_\_\_\_vrs.\_\_\_\_\_mos.\_\_\_\_\_ds. RECORD. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified. CT 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended deceased from M 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months Davs If LESS than to have occurred on the date stated above, at 12 1 day, \_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... NO Jo OCCUPAT 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... may back should on 10. Data deceased last worked at 11. Total tima (years) this occupation (month and spent in this so that occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) be carefully supplied plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Physical Suns. Was there an au'opsy? No OTHER important. 1S. MAIDEN NAME 23. If death was dua to axtarnal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? \_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE mation NOIL Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Address) Piedwout //

193

(Year)

Date of onset

1932

(Day)

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- JAN 7 1969			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	FURTHER STATEMENTS BY PHYSICIA	FURTHER	FOR	SPACE	ADDITIONAL
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	em o	shoul	f 00	H	
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
	ORD.	IXI	stat		
	RECC	PI	Exact		
5	LIN	LY.	d. I		
	MANE	ACT	assifie		
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HARGIN RESERVED FOR BINDING	IS A	stated	proper	TION is very important. See instructions on back of certificate.	
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V. S. No. 1

	CE OF DEATH	WITHIN COS	CERTIFICATE OF DEATH	005
	ge or City Cumberl	and. Md	Registration Dist. No.  No. 417 Central Ave St., 3  f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
2. FUL	th of residence in city or town where of  L NAME John.  Residence: No.	leath occurredyrsmo	sds. How long in U.S. if of foreign birth?mo  St.,Ward.  If nonresident give city or town and	sds.
PE	RSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Description of the Control of the Co
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (carrie the word)	21. DATE OF DEATH  Dev. 13.1934  (Month)	193
5a. If marrie HUSBA (or) WI	d, widowed, or divorced ND of Margaret FE of	Bowe	22. JI HEREBY CERTIFY. That I attended of	(Year)
6. DATE OF	BIRTH (month, day, and year)	eb.1.1863	12 12 34	, 19.2
7. AGE	Years Months 71.	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5.15 mPm	; deeth is said
9. Indu	e, profession, or particular ind of work done, as SPINNER, SAWYER, BOOKKEPER, etcstry or business in which work was done, as SILK MILL, AW MILL, BANK, etcdeceased last worked at his occupation (month and ear)	Saw Mill    11. Total time (years)   spent in this   occupation	Choric Nephlatis Co hypertension	Oate of onset
	ACE (city or town)e or country)	N.Y.	Other Contributory Causes of importance:	2
13. NAM	E Unkn	e.	AC	
ш (	HPLACE (city or town)	Dont Know	Name of operation Oate of What test confirmed diagnosis? Was there an au	Vorce NO
16. BIRT	HPLACE (city or town)	Know ···	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?	
17. INFORMA	Mrs.Samley.Mor otto ess) Cumberl	ris and: Md	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE.
	cremation, or removal Oakland. Md	Date Dec. 16.1934	Manner of injury Nature of injury	
19. UNOERTA (Addi	1211- 2019/	olford rland. Md cucy M	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)	NO.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gustroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46) .
county allowery	Registration Dist. No.
Pevillage of City of Sptingfor (nea	No. esterupert St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	
2. FULL NAME I Northu Jone	Borodwater
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("agrite the word)  The state of the state o	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	(133.)
(or) WIFE of A Warrant Control	22. I HEREBY CERTIFY, Thet I attended deceased from 1934, to 2021. 17. 1934.
6. DATE OF BIRTH (month, day, and year) 0 ct 20, 1870	I last saw h 4 alive on
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the date stated ebove, at
941 1 1 S ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	Comment of the Colonson
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and curf 19) 3 spent in this yeer) spent in this	
12. BIRTHPLACE (city or town) Battor	Other Contributory Causes of Importance:
(State or country)	15 Correct & Singride -
13. NAME Selves Warniels-	
14. BIRTHPLACE (city or town) Not Known	Name of operation.
(State or country)	
15. MAIDEN NAME Months Fazinbakes	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Morthy Fazirbaker  16. BIRTHPLACE (city or town) )) of Morows.	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT A cromm Broadwole	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Western Front and a F D)	The second state of the se
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place see All Date Date 19, 19 3	Nature of injury 1
19. UNDERTAKER OS. GOLL (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec. 17, 1934 a Banner Safer	(Signed) M. D.
Registrar.	(Address)
1) more viantes are necuea, adaress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOL	FURTHER	STATEMENTS	BY	PHYSICIA:	N
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#### STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnods item of County / Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or town where death occurred How long In U.S. if of foreign birth? vrs. mos. RECORD. Every statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH PERMANENT CTL classified. 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of EX certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on the date stated above. stated 1 day .... The PRINCIPAL CAUSE OF DEATH end related causes of Importance or \_\_\_\_min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. of SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may should 10. Data deceased last worked at 11. Total time (years) on this occupation (month and spent in this that occupation .... instructions Other Cantributory Causes of importance 12. BIRTHPLACE (city or town (State or country) supplied. in plain terms. FATHER 13. NAME See Neme of operation 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?. carefully ----- Was there an autopsy?\_. MOTHER important. 15. MAIDEN NAME 23. If death wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Dete of Injury\_\_\_\_\_\_ 19\_\_\_\_\_ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ... should be (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury In eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

That I attended deceased from

Date of onsat

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed)

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE (	OF	MARYLAND-CERTIFICATE OF DEATH	

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	2009
1. PLACE OF DEATH			,
County Allegary	WITHIN CORP	ORATE LIMITS Registration Dist. No.	4
Village or City Combines	nd.	No. Allegany South St., death occurred in a horykal or institution, give its NAME instead of street and	Ward d number)
Length of residence in city or town where deat	h,occurred yrs,mos	ds. How long in U.S. it of foreign birth?yrs	mosds.
2. FULL NAME TELLISM  (a) Residence: No. 182	dfated Sol	St., Ward Collection of the St., Ward If nonresident give city or town as	320 nd State
PERSONAL AND STATISTICA	//	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR, RACE 5.	SINGLE/MARRIED, WIDOWED, OR DIFORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <i>3</i> 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That I attende	
e DATE OF BIRTH (month day and man)	12. 16 24	I last saw helive on	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Deys If LESS than	to heve occurred on the date stated ebove, atm,	, 00001113 3010
Stillhor	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		ITO D	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end		Way Dasn	
10. Date deceased last worked at this occupetion (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	d	Other Contributory Causes of importance:	
	1-	of practica,	
E	army.		
(State of country)	miland fred	Neme of operation	
15. MAIDEN NAME Level J. 1.	Ersenmerble	23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town)	wherland of	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	Great	Where did injury occur?(Specify city or town, county and S	5
17. INFORMANT Ingline Con (Address) Wash	may.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC I	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1	Manner of injury	
Place to feter + farl	beter 12-18, 1934	Nature of injury	
19. UNDERTAKER Ams Stem	Ine:	24. Wes disease or injury in any way related to occupation of deceased?	
(Address)	grand 7	If so, specify PROMO	
20. FILEDULO 18, 1934 Sol	uney N Man	(Signed)	M. D.
	Registrar.	(Address) Linear Land	Jud -

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	TS BY PHYSICIAN
For authorization of sex of chil	I see buth certificate
1 0 0	U

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFIC	AIF	OF	DEATH
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12008

Length of residence in city or town where death occurred yrs mos.  2. FULL NAME  (a) Residence: No.  (b) Clusual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Ox MS MYORCED (write the word)  (or) WIFE of Or BIRTH (month, day, and year)  7. AGE  1. AGE  1. Trade, profession, or particular wind or work done as SPINNER, AND		I. PLACE OF DEATH	WINDLE COL	1442.
Langth of residence in city or town where death occurred  1. Langth of residence in city or town where death occurred  2. FULL NAME  (a) Residence: No.  (b) Assistance  (c) Residence: No.  (c) Residence: No.  (c) Residence: No.  (c) Langth of residence: No.  (c) Residence: No.  (c) Residence: No.  (c) Langth of Residence: No.  (c) Lan		County Allega	WITHIN (U):	Registration Dist, No.
2. FULL NAME  (a) Residence: No.  (b) Residence: No.  (c) Residenc		Village or City Chal	restand (1)	
(a) Residence: No. Supplied (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOVED  OK BY/ORDIC Ownit the word  O(R) VIVE of Color of RACE  (No. Wife of Color of Co		Length of residence in city or town where de	eath occurredyrs,mos.	How long in U.S. if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARKED, WIDOWED, OK SUIVOKED (with the word)  5. If married, widow, 4-9 diverced  1. DATE OF DEATH  1. DATE OF DEATH  1. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF BIRTH (month) day, and year)  ("On")  7. AGE  Years  Months  Days  11 LESS than  1 day hr.  20  8. Trade, profession, or particular  SAW MILL, BANK, etc.  1. SA		2. FULL NAME Pearl	Josephine	Carney.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Of NINGER, MARRIED, WIDOWED OF ONLY WITE of ON		(a) Residence: No. 13edf	(Usual place of abode)	
Sa. If married, vidoved, end divorced Hospital Carally Sa. If married, vidoved, end of the divorced Hospital Sa. If married, vidoved, end of the divorced Hospital Sa. If the REBY CERTIFY, that I attended decessed in 19.74, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a store occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to have occurred on the date stated above, at 2.72, m. 19.75, death is a to hav		PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
59. If married, widowed, and divorced Husham Days	3.	SEX 4. COLOR OR RACE		d) ec_ 16 193 H
14. BIRTHPLACE (city or town)   12.   16. MAIDEN NAME   23. If death was due to external causes (VIOLENCE) fill in also the following:   15. MAIDEN NAME   23. If death was due to external causes (VIOLENCE) fill in also the following:   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION OR REMOVAD   18. BURIAL, CREMATION OR REMOVAD   19. UNDERTAKER   19. UND	on back of certificat	Or) WIFE of Agent (month, day, and year)  AGE Years Months  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this	I last saw h alive on
What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury.  17. INFORMANT (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury.  Nature of injury.  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury.  19. UNDERTAKER (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, c		(State or country)  13. NAME Chro Rysen  14. BIRTHPLACE (city or town)	merkle merkel	
(Address)  18. BURIAL, CREMATION OR REMOVAL Place In the Vands lendate 12/8, 1934  19. UNDERTAKER Annother 1 1/8, 1934  20. FIRED LC 18, 1934  Address)  20. FIRED LC 18, 1934  Registrar.  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	important.	16. BIRTHPLACE (city or town) Connection (State or country)	Bene. Meland Ind	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?(Specify city or town, county and State)
20. FILED LC 18, 19.34 Carried March (Signed) (Signed) (Address) Combulary Mr. (Address) Combulary Inf.	is very	(Address)  BURIAL, CREMATION OR REMOVAL	Locate 12/18, 1934	
Registrar. (Address) Cumberland Juf.	)	(Address) Comple	my Ine.	If so, specify
	20			(Address) Cumberland Juf.

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To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
JAN 8 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WEITE PLAINLY, WITH

V. S. No. 1 N. B.—V

			F MAR		CERTIFICATE OF DEATH	:U.U
1. PLA	CE OF DEA	TH	W	ITHIN CORP	ORATE LIMITS (MED) .	,
Cou	nty	ALLEGAN			Registration Dist. No.	4
Villa	age or City	CUMBERI	AND		No. MEMORIAL HOSPITAL St. 6	Ward
Leng	th of residence in a	city or town where de	eath occurred	() yrsmos	f death occurred in a horpital or institution, give its NAME instead of street and ds. How long In U.S. If of foreign birth? yrs. m	number)
	L NAME	port le	1 Om	01-11	O John Joseph Billing Sylven	030\$.
	Residence: No.	7712	JARVI.AN	D AVENUE	and the same of th	
(4)	nesidence. No		(Usual place		St., Ward.  If nonresident give city or town and	State
	RSONAL AN	ND STATISTIC	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX MALI		OR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 7, (Month) (Day)	, 193 4
5a. If marrie HUSBA	ed, widowed, or div	orced				(Year)
(or) W	IFE of				22. I HEREBY CERTIFY, That I attended	- /
6. DATE OF	BIRTH (month, da	v and veer) I	Decembe	r 7,1934		19=5/
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 8:45PmM	; death is sald
	0	0	0	I day hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as-follows:	
Z 8. Trac	8. Trade, profession, or particular				almoney atelectoric	Date of onset
2	kind of work done SAWYER, BOOKKE	EPER, etc.				
9. 11101	ustry or business i work was done, es SAW MILL, BANK,	n which SILK MILL,				
10. Date	e deceesed last wo this occupation (mo year)	rked at	spe	ime (yeers) nt in this ipation		
.a DIRTUR	L L CT (-itu L )	MARYLA			Other Contributory Causes of importance:	
	LACE (city or town) te or country)		FT/15			
13. NAM	E GEOF	RGE W. CA	SSELL			
13. NAN 14. BIRT	THPLACE (city or to	own) MA	RYLAND		Neme of operation Rond Date of	
-	(State or country)				What test confirmed diagnosis? Wes there an e	utoney?
15. MAII	DEN NAME LA	VINA ROC	T	11-1-1	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following	
15. MAII 16. BIRT	HPLACE (city or to (State or country)	own)V	VEST VI	RGINIA	Accident, suicide, or homicide? Date of injury	
17. INFORMA		ORIAL HO	SPITAL MD.		(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL,	CREMATION, OR I		0	0	Manner of Injury	
Place	Assler.	wash you	Date ALLE	18 1934	Neture of injury	
19. UNDERTA	KER Lon	is Ster	w In	1.	24. Was disease or injury In any way related to occupation of deceased?	Ro
(Add		muste	almo	1 And	If so, specify	
20. FILEDIA	lec 8	193406	chaus)	Maces	(Signed) A Render & ,	M, D.
			7.7	Registrar	(Address) It 1 - Geren Tt Chamber	00006120

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH should Jo County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long In U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos.\_ statement 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) A PERMANENT stated EXACTL (Month) (Day) classified. 5e. If married, widowed, or divorced HUSBAND of EREBY CERTIFY. That I ettended deceased from 22. (or) WIFE of Dec. 25-3 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than Devs to heve occurred on the date steted shove at I day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance THIS IS or \_\_\_\_ min. 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc. back 9. Industry or business In which AGE should may work wes done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceesed lest worked at on 11. Totel time (years) this occupation (month and spent in this that occupation .... instructions 12. BIRTHPLACE (city or town (Stete or country) supplied. plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town (State or country) should be carefully What test confirmed diegnosis?... ----- Wes there en eulopsy?\_\_\_\_ MOTHER very important. 15. MAIDEN NAME in 23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Dete of Injury\_\_\_\_\_\_ 19\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of injury TION is CAUSE mation Plece Date Nature of Injury 24. Was diseese or Injury In eny way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify B 20. FILED Jub. 1st, 1935 (Signed)\_\_\_\_\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

(Address) \_\_\_

Registrar.

(Yeer)

Data of enset

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To be complete, an occupation return must state:

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
			_			

NFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITS-PLAINLY, WITE

V. S. No. 1

County Collegaray WITHIN (	CORPORATE IMAGE Besidentia Did II	4
Village or City Jumber Land	Registration Dist. No.	2
	No. St.,  If death occurred in a hospital or institution, give its NAME instead of street and	<i>∽</i> W
	ds. How long in U.S. if of foreign blrth? yrsm	os
2. FULL NAME Tage 21. Craw	voord	
(a) Residence: No. 5/8 Trecerily	01 3 111 1	
(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DEVORCED (write the word)	Lec 28	193 4
married, widowed, or divorced	(Month) (Day)	(Year
RUSBAND of (oc) WHEE OF //)	22.   I HEREBY CERTIFY That I attended	deceased
Nora Ki Deal	- Dec 27 1934 to Dec 38	19
DATE OF BIRTH (month, day, and year) Les 20 1875	i last saw h_m_ alive on_ LOLE 28 19.3.9	death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Pm	,
59 05 9 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
* Trada profession or particular	were as follows:	Date of
kind of work dona, as SPINNER Public Works	the fluid and	
9. Industry or business in which work was done, as SILK MILL, Kelly Rubber Co		
SAW MILL, BANK, etc. Melly Subber Co		
10. Data deceased last worked at this occupation (month and spent in this,		
year) occupation	Other Court and a second a second and a second a second and a second a second and a second and a second and a	
BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)	Warde AD October of heart	
13. NAME toseble Crawford	Contractor of the	
14. BIRTHPLACE (city or town)	The state of the s	
(State or country)	Name of operation Date of	
15. MAIDEN NAME Hilds	What tast confirmed diagnosis? Was there an a	
	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury	, 19.
Q (A )	Where did injury occur?	
INFORMANDEZ Mora Crawford	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
(Address) un Rental		
BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place one Hill Canaday Date Jan 1935	Nature of injury	
UNDERTAKER Josies Star Tuc	24. Was disease or injury in any way related to occupation of deceased?	no
(Address Leveland End.	If so, specify	
Surp A 20 31.035 ( Blance Affer .	(Signad) Thatler	
FILED / VISC 91, 1929 J. Wellef TV. The sa	124 6-11-11-1	

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## G 1925			
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Gallstones	May 1,1923	Gastroenteritis	1 year
	<u></u>		

A D D FIRE O BY A F	OT A CITY	TIOD	TATE OF PERSONS ASSESSED.	CYPES A PERSONAL RESIDENCE	TATE DITTERMENT A DE
ATHIRT TO IN A L.	SPALE	H.E.S.K.	BULL BURLLING	STATEMENTS	BY PHYSICIAN
YYYYYY T T T C T T T T T T T T T T T T T	DI ZECI	TOTAL	T CIVILITIE	DITTELLIN	TOTAL TAXABLE DECISION

PHYSICIANS should state

EXACTLY.

AGE should be stated

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.

properly classified.

Exact statement of OCCUPA-

1. PLACE OF DEATH		(3)
County Ulle	aany	Registration Dist, No.
Village or City Length of residence In city or town w		NoSt.,Ward  f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U. S. If of foreign birth?yrsmosds
2. FULL NAME  (a) Residence: No.	2 111	anyford.
	(Usual place of abode)	If nonresident give city or town and State
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surine the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of	ah fane Hurebreun	Wer 21 MEREBY CERTIFY, That I attended deceased from Ner 21 m , 1934, to Ner 22 m , 1934
6. DATE OF BIRTH (month, day, and year)	June 24 1867	I last saw h. m. alive on Du 2/1 , 1934; death is said
7. AGE Years Month	Days If LESS than 1 day,hrs. ormin.	mera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	· Miner	Chronic Nephretis Data of one of
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Coal Muses	
12. BfRTHPLACE (city or town) (State or country)	1930 11. Total tima (years) spent in this occupation 35 yrs.  Africa Claudy Parmany vanis	Other Contributory Causes of importance:
13. NAME Colliste  14. BIRTHPLACE (city or town)	pher Carawford	
(State or country)	Junknown	Name of operation Data of What test confirmed diagnosis? Ollumlu was there an au'opsy? !!
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Of h	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT MY GUE (Address)	Leavy Crawford	Whera did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Jamel Hill Om	reference Dec 25, 1934	Manner of Injury
19. UNDERTAKER A. L. Casara (Address)	harring, MA	24. Was disaase or injury In any way related to occupation of deceased? hr
20. FILED Wess 2 4, 19.2.4	S. a. Boffee her Registrar.	(Signed) Husy M. Hrogson M. D. (Address) Londonny, Md.

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

19019

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exa	imple I	and a second	Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 - 2 - 1 - 1 - 2 - 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 2 1655	July 5,1927	Peritonitis	3 days ago
	RUDENLO			
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WIT

V. S. No. 1

STATE OF MARYI			1	2014
County Allegan,		Registrat	ion Dist. No.	4
Village or City Ellerslie	No		St	Ward
Length of residence in city or town where death occurred 60		in a hospital or institution, give its NA How long in U.S. if of foreign birth?		
2. FULL NAME (Utices) (	menful	<b>*</b>		
(a) Residence: No. (Usual place of a	St.,	Ward.		1.0.
PERSONAL AND STATISTICAL PARTICULAR		MEDICAL CERTIFICA	dent give city or town a	nd State
SEX, 4. COLOR OR RACE S. SINGLE MARRIE OR EVORCEDO	D, WIDOWED, 21. DATE	OF DEATH 2e (Month)	<b>3</b> / (Dey)	, 193 (Yeer)
HUSBAND of (or) WIFE of Jesse H. Critchy	hild 2. See		FY, Thet I ettende	ed deceesed from
DATE OF BIRTH (month, day, end year)	1847   lest sew h.	ER alive on Dec	30 1924	; deeth is said
	1 days	red on the dete steted ebove, et_\$\frac{\pi}{2}.  *AL CAUSE OF DEATH end releted of the control		
8 Trade profession or particular	y &	Morrised	-	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked et  11. Totel time	0			
10. Dete deceased last worked et this occupetion (month end yeer)	this			
2. BIRTHPLACE (city or town) Suling (Stete or county)	Other Contri	butery Causes of Importance:	nditio	
13. NAME Ludwing berson	111			
13. NAME Andrea Desarra 14. BIRTHPLACE (city or town) Catalog or country)	M	retion	Date of	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If deeth we	s due to externel ceuses (VIOLENCE	E) fill in elso the followi	ing:
16. BIRTHPLACE (city or town) (Stete of country)	Where did inj	cide, or homicide?iury occur?(Specify city	y or town, county and Si	tate)
7. INFORMANT (Address) Claratic	Specify wheth	her Injury occurred in INDUSTRY, in	HOME, or In PUBLIC P	LACE.
8. BURIAL, CREMATION, OR REMOVAL Plece Rose Article Curry Delym.	Manner of inj			
9. UNDERTAKER Ans Stein Inc. (Address)	24. Wes diseas	e or injury in eny way releted to oc	cupation of deceased?	No
O. FILED Jul 3 , 1935 for Llayer W	off (Signed)	1/1/-	someog.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
V 5. 11			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE LIMITE (B)
County Allegany	Registration Dist. No.
Village or City Cornigornsolle (IF	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurred yrs mos.	ds. How long in U.S. if of foreign birth? 6-0 yrsds.
2. FULL NAME atricks Centler	
(a) Residence: No(Usual place of abode)	St., Ward-acceptance le Manuelle Manuel
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED write the word	21. DATE OF DEATH Sel. (Day) (193/
5a. If married, widowed or divorced HUSBAND of (or) WIFE of January Jessel	22. I HEREBY CERTIFY, that I attanded deceased from
6. DATE OF BIRTH (month, day, end year) FUL 23 1850	I last saw hour alive on 1977, to 1977; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, Shoremaker.  SAWYER, BDDKKEEPER, etc	Oronch promoter Date of opset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) - 9 (Stata or country) maland	Other Contributory Causes of Importance:
13. NAME - Critter	Capania,
(Stata or country)	Name of operation Oate of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT  (Address)  (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manage of Latina
Place Mstrug a. Deta 12 -21, 1934	Nature of injury
19. UNOERTAKER on Stein 9 nd.	24. Was disease or injury in any way related to occupation of daceased?
20. FILED Dec 19, 1934 Barney H Mers Registrar.	(Signed) (Address) (Address) (Address)
	411 N. Charles Street, Baltimore, Requesting U. S. No. z.

CTATE OF MADVI AND

19015

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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item of infor-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12016
1. PLACE OF DEATH	PPOPATE LIMITS 39
County Allegany	Registration Dist. No.
Village or City & Frencherland	No. 324 dante
Length of residence in city or town where death occurredm	of death occurred in a horpital or instrution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?mosds,
2. FULL NAME & ligabeth Dan	
(a) Residence: No. 325 August (Urual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wirte the word) HUSBAND of HUSBAND of	21. DATE OF DEATH  Disease 2 , 193 34  (Month) (Day) (Year)
(or) WIFE of Transis Davis	22. OHEREBY CERTIFY, That I attended deceased from  1931, to OLC, 22, 1934
6. DATE OF BIRTH (month, day, and year) PN 28 - /Sly	I lest saw hest alive on 1980, 22, 1934; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.15 1m.
63 24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arleres claraces 1931
SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, es SILK MILL.  SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (months and this programming from the company).	Cerebral Hemorrhage Dec. 17, 1934
10. Date deceased last worked at this occupation (month and year) pant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(State or country) Douth Wales	
14. BIRTHPLACE (city or town) Russ	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
in the state of th	Whet test confirmed diegnosis? Was there an au'opsy?ho
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homloide?
Vale	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Alm deling Caro	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Frankling Date Miles I ff., 193/	Neture of Injury
19. UNDERTAKER J. J. J. Clary	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) A Assorthacy	If so, specify Charlelle B. Jandney
20. FILEGALO 24, 19034 Advalled Negistrar.	(Signed) Charlotte B. Fardref M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER STATEME	NTS BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12017
1. PLACE OF DEATH	<u> </u>
County	Registration Dist. No.
Village or City	NoSt.,Ward
Length of residence in city or lown where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. If of foreign birth?
2. FULL NAME Down &	Taure 1
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If unnresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE TS. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	(Month) (Day) (Year)
ia. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I ettended deceased from
5. DATE OF BIRTH (month, day, and year) Dec. 27, 1934	I last saw have aliva on 19 1, 193 1, death Is said
AGE Yaars Months Days If LESS than	to have occurred on the data stated above, et
Stelle OD or or min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stell born
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date dacaasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
13. NAME Leonge & War.	
14. BIRTHPLACE (city or town) Old Voun	Name of operation
(State or country)	What tast confirmed diagnosis? Was thara an autopsy? 4
15. MAIDEN NAME Mercurelar her	23. If death was due to axtarnal causes (VIOLENCE) fill in elso the following:
16, BIRTHPLACE (city or town) (State of country)	Accident, suicide, or homicide?
Den a Q	Whare did injury occur? (Specify city or town, county and State)  Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass) (ledtown md	W)
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Spring gap Md Date alec 27, 1934	Nature of injury
19. UNDERTAKER GEO P. Davis - attendant	24. Was disease or injury in any way ralated to occupation of dacaasad?
20. FILEDALee 27 1934-Parie 4 Stromholt	If so, specify (Signad) M. D.
hotel Registy.	(Addrass) 08 27 Addrass

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S	1 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

to have occurred on the date stated above, at ... The PRINCIPAL CAUSE OF DEATH and related causes of Importance Data of onset 910x 27 What test confirmed diagnosis? \_\_\_\_\_ Wes there an eutopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ I9 (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease er injury in any way related to occupation of deceased?\_ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

(Yeer)

STATE OF MARYLAND—CERTIFICATE OF DEATH

BINDING RESERVED MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.s.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		- >	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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AARGIN RESERVED FOR BINDING

V. S. No

WRITE PLAINLY, WITH UNFADING LANGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-See instructions on back of certificate. WRITE PLAINLY, WITH TION is very important. m

0,

	CERTIFICATE OF DEATH 12019
1. PLACE OF DEATH	93.0
County allegan	Registration Dist. No.
village or city	No. 58 A aug Cas are St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 6 Ly/smos.	
2. FULL NAME Rebecca Micha	el Aurol
(a) Residence: No. 5 8 Douglas (Usus/place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH Wee. 29, 1934
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of Cory WIFE of Ployd Durst	22. I HEREBY CERTIFY, That I attended deceased from  Use 1934, to blee 29 1934
6. DATE OF BIRTH (month, day, and year) Self 13. 1853	I last saw has alive on Rec 29 , 1934; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 4 30 m.
8/ 3 /6 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
9 Trade profession or portionles	Uronie my ocardetes Date of onset
S. Hade, profession, or particular to the first course work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and this course) to the second to th	
10. Date deceased last worked et this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Western South	Other Contributory Causes of importance:
# 13. NAME John J. Wichael	
14. BIRTHPLACE (city or town) Wesley (State or country)	Nama of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?_ \
15. MAIDEN NAME Elizabeth Wile ()	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Sloyd Sund	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Tours and Company (Addrass)	
Place Cala Vill Date 31, 1934	Manner of injury
19. UNDERTAKER Jacob Haler (Addiess) Frostburg Wd.	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED See. 31, 134 5. Do Joylow, Registrar.	(Signed) I flying Int. 1 Atagram M.D.  (Address) Longmand, Ind.
16 more blanks are model all S B	(Audiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1/

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:	<b>3</b>	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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D. DEAL ST			
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Ti .			

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JUNEAU V. d.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN

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TOUR P. MAL.			
Other contributory causes of importance:		Other contributory causes of importance:	
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STATE C

V. S. No. 1

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	MANUAL OF DESTREES AT OF DEATH	12023
F	MARYLAND—CERTIFICATE OF DEATH	1 10 10 10 10

1. PLACE OF DEATH		<b>®</b>	8
county allegan	1	Registration Dist. No.	0
Village or City Longeon	und	No	St.,Ward
Hill		f death occurred in a hospital or institution, give its NAME instead of stre	
Length of residence in city or town where de	eath occurred yrs	sds. How long in U.S. if of foreign birth?yrs	musus.
2. FULL NAME	Elklus		
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or to	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEA	ТН
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Wee 22  (Month) (Day)	, 193(Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22.   HEREBY CERTIFY, Thet   at	
10	2 2 2 4	, 19, to	
	ee. 22 3 d	I last saw h, 1	9; death is said
7. AGE Years Months	Days If LESS than 1 dey,hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of important	
	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.			
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		Still vom anfant	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		ļ	
Kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	11. Total time (yeers)	-	
o this occupetion (month and year)	spent in this		
		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	coying,	-	
1	~ E 00.	-	
13. NAME arthur nelvis	n Ellers		
14. BIRTHPLACE (city or town) Manual (State or country)		Name of operation	ite of
(State of country)	al Ningenia	What test confirmed diagnosis? Was the	ere an autopsy?
15. MAIDEN NAME (CIEVE OF TOWN) & QUE	ry marses	23. If death was due to external causes (VIOLENCE) fill in also the fo	ollowing:
O 16. BIRTHPLACE (city or town)	sing Ohio	Accident, suicide, or homicide? Date of injury_	, 19
∑ (State or country)	× 0	Where did injury occur?	
17. INFORMANT arthur Elk	ins	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or In PUB	and State)
(Address) London	m, his		
18. BURIAL, CREMATION, OR REMOVAL	7' \	Manner of injury	
Place Oak Hell Cerusting	Date Dec 22, 1934	Nature of injury	
an a		24. Was disease or Injury in any way related to occupation of deceas	
19. UNDERTAKER JULI OCC I. (Addjess)	Moring 968	If so, specify	rent
100 22/30/50	C/O'	(Signed) Hurry DM / Lodgs	
20. FILEDUCE, WY Z.V	ver form)	(orgines)	M. D
	Registrar.	(Address) Malenney / Pl	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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		HECELAED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT

V. S. No.

1. PLACE OF DEATH  County allegang	93.0
county acceptant	
Will all all all all all all all all all	Registration Dist. No.
Village or City & Chanf	ND. St. Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 73_yrsgm	osds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME AMNCENT ON	rale
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  December 24 102 4/
hall printe married	(Month) (Day) (Year)
HUSBAND of HUSBAND of divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	12/23/ 1934, to 12/24/ 1936
DATE OF BIRTH (month, day, end year) The 1861	I last saw h 1 in alive on 12/24 , 19=24; death is sein
AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
73 8 10 1 day,hrs	make as follows.
8 Trade profession or particular	Chronic 1440cardicis Date olonse
kind of work done, as SPINNER, Hohmes	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and year)	
(n)	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	Cysticis secondary to
13. NAME ANN Snake	entarged prostate
14 DIOTHOLOGY IN PROPERTY OF THE PROPERTY OF T	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
15. MAIDEN NAME PATRAGES Des Alexander	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
INFORMANT WM Engle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Eakhert mmes	Spoons in the state of the stat
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 2000 Date 29, 1934	Nature of injury
UNDERTAKER I I I I I I I I I I I I I I I I I I I	24. Was disease or injury in any way spleted to occupation of deceased?
(Address) To restly wall	A If so, specify
FILED 12 19 34 2. R. Trations	(Signed) M. [
Registrar.	(Address) This the This

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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	Every	CIANS
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MARGIN RESERVED FOR BINDING	ANENT	CTLY
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	B. ←	n
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Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12025
1. PLACE OF DEATH	
County alleany.	Paristantina Pist N
	Registration Dist. No.
Village or City War Savage	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurred	
2. FULL NAME anna Mary amelia F	arrell.
(a) Residence: No. Church Till (Vaugi place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female white OR DIVORCED (write the word)	, Dec /4 1934
5a. If married, widowad, or divorced	(Month) (Day) (Year)
(or) WIFE of Www. Michael Farrell.	22. I HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) and 20, /877	i last saw h Malive on Dele / 8 , 193 4; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2, 20 Am.
57 4 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
9 Trade profession or portionted	Water as follows:  Date of onset
kind of work dona, as SPINNER, Jouse Works	Cerebal Heilmonkor 1924
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and this programming from the single programming from the	13/
work was dona, as SILK MILL, A Howell 10. Date daceased last worked at 11. Total tima (years)	
11. Total tima (years) this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Mut. Savage.	Other Contributory Causes of importance:
(State or country)	At 1 B francisco
13. NAME George Washington Porter	CX OPENCUME JACK
13. NAME George Washington Porter 14. BIRTHPLACE (city ortown) ut Danage	Name of operation
(Stata or country)	What test confirmed diagnosis? I luncal Was there an autopsy?
15. MAIDEN NAME The Well.  16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill in also the following:
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(State or country) England.	Where did injury occur?
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(Addrass) O Tut. Savage	
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Place St Varuetos Date Aleman, 1934	Nature of injury
19. UNDERTAKER Jacob Hale	24. Was disease or injury in any way related to occupation of decaasad? U.O.
(Address) Frosthing, Hid.	If so, specify
20. FILED 12/19 1938 H BOSITHER WW	(Signed) A Safeller M. D.
frea Baistrar.	(Addrass) My Savage Md.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and relate of importance were as follows:	d causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	P-140	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	-	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 8 100	July 5,1927	Peritonitis	3 days ago	
	GALLV	-8	3		
Other contributory causes of importance		ga, est prish t	Other contributory causes of importance:	THE RES	
Gallstones		May 1,1923	Gastroenteritis	1 year	
			7.62		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL
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V. S. No. 1

item of infor-

STATE OF MADVI AND	CERTIFICATE OF DEATH
	-CERTIFICATE OF DEATH 12026
1. PLACE OF DEATH	CORPORATE LIMITS (13)
county	Registration Dist. No.
Village or City Gumberland Md	No. Bedford St Ext St, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	100sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella. Fisher	
(a) Residence: No. Best Services	I St 4 Ward
(Usual place of abode)	If contesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Write the word)	21. DATE OF DEATH Dec . 24 . 1934
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF RIRTH (month day and year) Nov. 24.1852	July 1 193 1, to Alex 2 4 1934
6. DATE OF BIRTH (month, dey, and year) NOV . 24 . 1002  7. AGE Years Months Oays If LESS than	Mest saw h. Dralive on Alice 24, 1934, deeth is said
82 · 1 · · · l day,hrs	I AND A KINCIPAL CAUSE OF DEATH AND TEISTED COURSES OF IMPORTANCE
8. Trade, profession, or particular	were as follows:  Oate of enset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data dacaased last worked at this occuration (model and the control of	Phase Solution
. Industry or business in which work was done, as SILK MILL,	mehling 192
SAW MILL, BANK, atc	
O this occupation (month and year) 11. Total time (years) spent in this occupation cocupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Pa (State or country)	-
🖫 13. NAME Jasih. Smith	
13. NAME Jasih. Smith Pa  14. BIRTHPLACE (city or town)	Name of according
(Stata or country)	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME Rebecca. Cessna.	What test confirmed diegnosis?
T 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?
17. INFORMANT Mrs Harry Fisher (Address) Cumberland. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Plece Bether Pa Dec . 27 . 1934	Nature of injury
19. UNDERTAKER John . C . Wolford	24. Was disease or injury in any way related to occupation of daceased?
(Address) Cumberland Md	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH
County Allegany Village or City Cumberland	• Md	Registration Dist. No.  ND. Frost Ave  St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Frederical (a) Residence: No.		St., S Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word) Marled	21. DATE OF DEATH Dec . 23 . 1934
5a. If married, widowed, or divorced HUSBAND of Isabell Fi (or) WIFE of		22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept	t 5.1848	I last saw h alive on, 19; death is said
7. AGE Yeers   Months   86   3	Days 18 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a 8 . 15 PMI  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Fari SAWYER, BODKKEPER, etc	ner  11. Total time (years) spent in this occupation	Orlengsclerous :
12. BIRTHPLACE (city or town) (State or country)	Germany	Other Contributory Causes of importance:
13. NAME Michal	Frost	
14. BIRTHPLACE (city or town) (State or country)	Germany	Name of operation Dete of Whet test confirmed diagnosis? Physical Physical Was there an autopsy? No
15. MAIDEN NAME DON KNOW  16. BIRTHPLACE (city or town)  (State or country)	Dont Know	23. If death was due to external causes (VIOL PNCE) fill in also the following:  Accident, suicide, or homicide?
IT. INFORMANT Isabell Fraction (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Gree Mount	ne Dec.26,1934	Manner of injury
19. UNOERTAKER John . C . W ( (Addiess) Cumber  20. FILED CO. 2 4 1934	olford rland. Md	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  WM. D.
10. H. 1952 T. 1952 T.	Registrar.	(Address) Quality (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Bilograph			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER SI	IAIDMENIS.	DI FRISICIA.	N	
			-			
			THE STATE OF THE S			

ADDITIONAL CDACE FOR FILDTUFF CTATEMENTS BY DUVELCIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	120
DEATH		

County  Village Dr City  Length of residence in city or fown where deeth occurred and purpose of the country of	1. PLACE OF DEATH	MANILAND	DECEMBER 942
Village Dr City  Length of residence in city or fown where deeth occurred	County Allega	my willing	Registration Dist. No. 4
Length of residence in city or down where deeth occurred yrs	Village or City	bepland	No. Pollogans Forbitake 4 ward
(a) Residence: No. (Usus place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (Or) Wife of  5b. DATE OF BIRTH (month, dey, and year)  7. AGE Years  Months  Days  If LESS then 1 day,mrs.	Length of residence in city or fown where		de How love le 11 C/16 of Sharifa blate
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, dey, and year)  7. AGE Years  Months  Days  If LESS then 1 day,	2. FULL NAME CASCO	b- R. Frenk	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (white the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, dey, and year)  7. AGE Years Months Days If LESS then I day,hrs. ormin.  8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation much date 3, 4  11. Total time (years) spent in this	(a) Residence: No. 12:	(Usual place of abode)	
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, dey, and year)  7. AGE Years Months Days If LESS then 1 day, hrs. or min.  8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation fronth and 3 4 spent in this 7 5 7 7 2 occupation fronth and 3 4 occu	PERSONAL AND STATIST		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, dey, and year)  7. AGE Years Months Days If LESS then I day, hrs. or min.  8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation, month and 3 4 occupation occupation by year)  11. Total time (years) spent in this 3 7 12 12 12 12 12 12 12 12 12 12 12 12 12	3. SEX 4. COLOR OR RACE		
HUSBAND of (or) WIFE of  Berno June  22. I HEREBY CERTIFY, Thet Jattended deceased from 19. 19. 10. 19. 19. 10. 19. 19. 10. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10. 19. 10	5a. If married, widowed, or divorced	marriel	(Month) (Dey) (Yeer)
7. AGE Years Months Days If LESS then I day,hrs. ormin.  8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation month and 3 4 occupation occupation.		w Junk	22. I HEREBY CERTIFY, Jhet Jattended deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:    The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:    The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:    The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:    Date of desart   Date of desart		mhn. 1878	I last saw h afive on 19 death is said
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation from the area occupation.  11. Total time (years) spent in this government and year) occupation.	7. AGE Years Months		
The composition of perticular marks of the composition of perticular marks of the composition of perticular marks of the composition of the compos	56		
year) West 3 4 occupation 3 5/22	S Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	alinet maker	Corocary allusion . 12/19/19
year) West 3 4 occupation 5 722	9. Industry or business in which	\$	
year) West 3 4 occupation 3 5/22	SAW MILL, BANK, etc.		
	10. Date deceased last worked at this occupation month and year)	11. Total time (years) spent in this	
	3	1 0 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Thanylaw (State or country)		anyland	
	1 . 1	2/ 0	
I delves fruit	13. NAME  14. BIRTHPLACE (city or town)	remet 0	
	(State of Country)	maryland	
Whet test confirmed diagnosis?		4201	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN HAME Lases Stolethinger 23. If death was due to externel ceuses (VIOLENCE) fill in also the following:	I 13. MAIDER MAIDER	ownyer	
16. BIRTHPLACE (city or town) Date of injury Date of injury 19	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Sarul	Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?	State or country)	2	
17. INFORMANT (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	17. INFORMANT Calgary	theyel ,	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Geneberland Togd		ud Togd.	
18. BURIAL, CREMATION OR REMOVAL	11111. 101 1	Ma zi	Manner of injury
Plec Williams for Mg Date 31 - , 193 Nature of injury	riecy y certains port dig.	Date 193.0	Nature of injury
19. UNDERTAKER There are a sleep for the solution of deceased? If so, specify for the solution of deceased?		Ind-	
20. FIRED ec 29, 1934 Harvey Meese (Signed) J. M. Spryer Ja . M. D.	20. EHED ec/ 29, 1934 the	arney Meiss	(Signed)
Registrar. (Address)	If more		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

ed 27, 1934

STATE OF MARYLAND—  1. PLACE OF DEATH  County Allian WITHIN CORP	CERTIFICATE OF DEATH  ORATE LIMITS Registration Dist. No.
Village or City harbaland	No. 46 3 Ward St., 2 Ward Steath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Stifferen Bibbons	
(a) Residence: No. 46 13 (Vaua place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED (write the word) Smale OR DAVORCED (write the word)	21. DATE OF DEATH December 26, 1983 4 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nico 26 34  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h ; death is said to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year) spent in this occupation.	st in Drin
12. BIRTHPLACE (city or town) Combolinad Grad.  (State or country)	Other Contributory Canses of importance:
13. NAME frach Softman  14. BIRTHPLACE (city or town) market grant (State or country)	Name of operation
15. MAIDEN NAME Margaret Hornielsa  16. BIRTHPLACE (city or town) Domberland Q (State of country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT 173. Goldons. CAddress) Company	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place SIL Alexandra (Sens.) 12/27,1934	Manner of Injury
19. UNDERTAKER Truso Stein Inc	24. Was disease or injury in any way related to occupation of deceased?

Registrar.

(Signed)

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes Date of importance were as follows:		
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:	

# MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. B.—WRITE PLAINLY, WIT. TION is very important. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	· · · · · · · · · · · · · · · · · · ·
County Milegury WITHIN CORPC	DRATE LIMITS Registration Dist. No.
Village or City Com Herland	No. 7/8 Hindreson Block, Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Soloznon Mass	
(a) Residence: No. 408 G. Inechania	St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
male Thate morried (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed or divorged HUSBANO of (or) WIFE of letter Amuniler	22. I HEREBY CERTIFY, That I attanded deceased from 21, 19, 4, to 12, 19, 3, 6
6. DATE OF BIRTH (month, day, and year)	I last saw h. A. A. alive on A. 2. 19 4: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 34Pm.
01-1 63. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Oate of onset
SAWYER, BOOKKEEPER, etc.	acute Indigntion
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and spant in this occupation occupation	
12 PINTURE ACT (situations) Am Alaba 1 0	Other Contributory Causes of importance:
(Stata or country)	short me made a few thing the
13. NAME Innia bano.	love and to die di
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Minnary.	What test confirmed diagnosis?
15. MAIDEN NAME Hamille marger	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?0ate of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAN STATEMENT JANES.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place the liens of the 17-3, 1934	Nature of injury
19. UNDERTAKER Amo Stern I no	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lec 5, 193 Harmy Moreira. Registrar.	(Signed) M. D. (Address) L. T. N. C. S. S.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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* Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 9 IGT H				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JAN 8 1515				
Other contributory causes of importance:	8	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

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Q.	Jo m	hound
X	Every ite	CIANS
	RECORD.	PHYS
INDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR B	S IS A PE	stated E
SERVED	INK-THE	Schould be
MARGIN RESERVED FOR BINDING	INFADING	polied. AG
	WITH I	refully sur
7	PLAINLY,	ould be ca
	-WRITE	mation sh

V. S. No. 1 ģ

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PORATE LIMITS (90)
County Allegany	Registration Dist. No.
Village or City Com Sun Sandand	No. 475 Fantle St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. it of foreign birth?mosds.
2. FULL NAME Ilhamas Jaadn / ta	mineramit
(a) Residence: No. 425 tayette	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OK DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oav)  (Year)
5a. If married, widowed or divorced HUSBANO of	22. \ I HEREBY CERTIFY That i attended deceased from
(or) WIFE of Close Keller.	alec 21 1934 to Dec 74 1934
6. DATE OF BIRTH (month, day, and year)	liast saw h alive on Dec 74 1934: death is said
7. AGE Years   Months   Oeys   If LESS then	to have occurred on the date stated above, at 129 m.
49 2 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Pushing SAWYER, BOOKKEEPER, etc.	Dalas Tonemansa.
kind of work done, as SPINNER, LUMINIAN SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked et this occupation (month and this occupation (month and control of the control of this occupation).	
10. Oate deceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Combaland Q	Other Contributory Causes of importance:
(State or country)	Exposized to cold Geogo
13. NAME Office Man Hammesamily	
13. NAME Annual Hammesamulls 14. BIRTHPLACE (city or town).  (State or country)	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME man Schrades!	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME many Schulander.  16. BIRTHPLACE (city or towns)	Accident, sulcide, or homicide?Oate of injury19
(State or couplry)	Where did injury occur?
17. INFORMANT Sije / Hammersmits	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place The office of Capita Costs 12/27, 1934	Manner of Injury
19. UNOERTAKER Anno Stern 9 ma.  (Address) Common Stern	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Vec 2 6, 1934 Farmer & Deine	(Signed) A Parae M. O.
Registrar.	(Address) - Zsminutand Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.c				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

1. PLACE OF DEATH	WITHIN CO.	CERTIFICATI	The DEA	rin 13	1004
County Allegann.		LOWIE LIMITS	Registration	Dist. No.	2/
Village or City Cumberland	2.1 .	No. 176 In a hospital or i			number)
Length of residence in city or town where death occurred_	yrs mos	ds. How long in U.S	if of foreign birth?	yrsm	osds.
2. FULL NAME Charles Ora	wh Han	ger/			
(a) Residence: No. 126 Drand (Usual pla	ace of abode)	St., 6 - 2Ward.	If nonresident	give city or town and	State
PERSONAL AND STATISTICAL PAR	TICULARS		CERTIFICATE	OF DEATH	
	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEAT	(Month)	(Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	, 7/	22. A IHERE		Y, That I attended	
(or) WIFE of alice to hesnut	Hanger	De. 5	1934 10	See. s	19 3 4
6. DATE OF BIRTH (month, day, and year)	1870	I last saw har allve or	be.	5 ,1934	; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date	stated above, at 10:2		
64 2 4	I dey,hrs.	The PRINCIPAL CAUSE OF I	DEATH and related caus	es of Importance	I no a fall of
Name of work done, as SPINNER,		Bronde	of Care	tana	Date of onset
SAWYER, BOOKKEEPER, etc.	chon	Chronie	majora	rdita	
9. Industry or business in which work wes done, as SILK MILL,	ud)				
this occupation (month and	al time (years) pent in this coupation	-			
12. BIRTHPLACE (city or town). Terra Ala (State or country)	to N. Va	Other Contributory Causes of	importance.	loris	12/5/34
II 13. NAME John A Itan	aer/				
13. NAME John A Jan	of June 1	Name of operation		Date of	
(State or country)	Vr. Va	What test confirmed diagnosi			utonsy Zles
15. MAIDEN NAMESamille a	vin)	23. If death was due to externa			
15. MAIDEN NAMES and le Company 16. BIRTHPLACE (city or town)	eth	Accident, suicide, or homicide	е?	Date of Injury	, 19
(State or country)	NVa	Where did injury occur?	(Specify gity or	town, county and Stat	
17. INFORMANT Mes Chas O. Has (Address) Combulant	ger.	Specify whether injury occur	red in INDUSTRY, In HO	ME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Placement Hill Com. Date Placement	2 7 ,1934	Manner of injury			
19. UNDERTAKER Long Stein Inc	1.	24. Was disease or injury in a	iny way related to occup	ation of deceased?	210
20. FILED LL 2, 1934 Harways	10kin	If so, specify (Signed)	Paylo. 2	Sur	2 M. D.
	Registrar.	(Address)		1000	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of importance were as	ncipal cause of death and related causes Dat rance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1960 -	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
Gallstones		May 1,1923	Gastroenteritis	1 y	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH  COUNTY OF DEATH  WITHIN CO	DRPORATE LIMITS
Village or City Company	Registration Dist. No
	ds. How long in U.S. if of foralgn birth?yrsmosds.
(a) Residence: No.309 Parlandsii (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH /2 - 23 , 193 1/2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of herbuse Sigler	22. I HEREBY CERTIFY That I attended deceased from Oct 125 ,19 3 4, to Nuc 23 ,19 8 4
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	I last saw h. A. a. alive on
8. Trade, profession, or particular kInd of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and part in this pocupation (month and part in this part in this pocupation (month and part in this part i	Indocarditis Chromic  Date of onset
work was dona, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Shade (State or country)	Other Contributory Canoes of importance:  Supportative Cellulates
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
15. MAIDEN NAME	What test confirmed diagnosis? - Haual 4: Was there an autopsy?
16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Services Services Services Services 18. BURIAGO CHEMATION OR REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Ant, feler franks Engote Dec 26, 1934	Nature of injury
19. UNDERTAKER (Addies)	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)
20. FILEO LA L., 1931 ( ) GREGISTAR.  Registrar.  If more blanks are needed, address State Registrar.	(Address) Cuty M. D.  (Address) Cuty M. D.  24xx N. Charles Street, Baltimore, Requesting V. S. No. x.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921 Run over by street car		1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JAN 8 1935				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>3</b>
County (Cllegary:	Registration Dist. No.
Village or City Cublifort, Md.	No. St., Ward
Length of residance in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME allostion (buks.)	humbertson
(a) Residence: No. Clsls (Usdal place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from
6. DATE OF BIRTH (month, day, and year) 12-29-34	I last saw h elive on D C 10 death in Id
7. AGE Yaars Months Days If LESS than	to hava occurrad on the data stated above, atm.
sleotolo I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	3
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
3 40 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1
O 10. Data decaased last workad at this occupation (month and yaar)	
12. BIRTHPLACE (city or town). Celslant Mil.	Othar Contributory Causes of importance:
(State or country)	
13. NAME Journ Hembertson	
(State or rough)	Name of oparation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Almoutta Verzer.	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Free the try - the second of the second	Accidant, suicide, or homicide? Data of injury, 19 Whera did Injury occur?
17. INFORMANT	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Cibliant, md Date 12-29, 1934	Natura of injury
19. UNDERTAKER Sain Humanton (Address), Edstart Just	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 13/30 ,1934 a. R. Walker	(Signad) / C. M. D.
If more blanks are needed address Star Built	(Addrass) Tosumag flet

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN

V. S. No. 1

State JPA-	1, PLACE OF DEATH	CERTIFICATE OF DEATH
ould	County Allegan	Registration Dist. No.
shor of 0	Village or City Street, 2010	t No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
00	Length of residence in city or town where death occurredyrsyrs	
CIAN	2. FULL NAME Harra Jo.	Hyr
YSI	(a) Residence: No. (Usual place of abode)	St. Ward.  If nonresident give city or town and State
. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TLY.	3. SEX 4. COLOR OR MACE 5. SINGLE MARRIED, WIDOWED, OR DIMORCED furgic the word)	21. DATE OF DEATH ( 20. 29 , 193 ( (Month) ( (Day) ( (Year) )
X A C T	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Serye Hype	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) MWCh. & 1852	I last saw her alive on 1000. 18, 1924; death Is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
be st be pr of cer	8. Trade, profession, or particular kind of work done, as SPINNER ATTICLE MAYER, BOOKKEEPER, etc.	Veres sollows: Cardio - Charles Date of onset
should b it may b n back o	SAWYER, BOOKKEEPER, etc. 1777 7000 77 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronic Injocardito
s sh t it on	10. Date deceased last worked at this occupation (month and year)	0
so	12. BIRTHPLACE (city or town) Lawy Company (State or country)	Other Contributory Causes of importance:  Core Bral Harmorrhage (?)
supplied n terms, ee instru	13. NAME Last. No	J
sul in t	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
it pla	IS. MAIDEN NAME NAME NO. NO.	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
be carefully EATH in pla important.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or county)	Accident, suicide, or homicide?
mation should be carefunctions of DEATH in TION is very important	17. INFORMANT HENEYS - Comber and.	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
n shosE O	18. BURIAL, CREMATION, OR REMOVAL Place Place 12/30,1934	Manner of injury
mation CAUSI TION	19. UNDERTAKER OF THE LEWISH MILE	24. Was disease or injury in any way related to occupation of deceased?
U	20. FILED 79, 19.04 MV Mulling Registrar.	(Signed) Outstand M. D. (Address) Outstand Tue

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BUREAU V. B	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH P WITHIN COS	RPORATE LIMITS (3)
County alleghery	Registration Dist. No.
Village or City Chmbulance	No. 5/8 Washington St. / Ward
(If	death occurred in a hospital or institution, give is NAME instead of street and number)
Length of residence la city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME around I fore	
(a) Residence: No. 018 Wash glo	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temole White OR DIVORCED (write the word)	Dzc. 17 1934
	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Hauley 111. Go 1806	DEC. 9 1934, to DEC. 17 1934
6. DATE OF BIRTH (month, day, and year) Mug 27-1858	I last saw h_C/T_ aliva on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
76 3 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Trada, profession, or particular	Date of onset
kind of work done, as SPINNER, Journ duty	my ocardial failure
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9, Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceasad last worked at this occupation (month and	Chronic Tampearditis 1930
SAW MILL, BANK, etc	1
O 10. Data daceasad last worked at this occupation (month and year) year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Meller (State or country)	-B-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	granchial athora
13. NAME J. Suffith	Chrone keplintes
4 14. BIRTHPLACE (city or town).	Name of operation
(State of Country)	What test confirmed diagnosis? Cluss Cal Was there an autopsy? 40
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(Stata or country)	Whera dld injury occur? (Specify city or town, county and State)
17. INFORMANT Stanley In Jones	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 5/8. Whele the Standard Stand	
Phon I shower ton Del par Den 18 1024	Manner of injury
8 5 0 40	Nature of injury
19. UNDERTAKER Q. Q. Sulles	24. Was disease or injury in any way related to occupation of deceased? 40
(Address) control and mo	If so, specify
20. FILES Wee 17, 183 4 Manuel N Vieces	(Signed) Mattern T. January M. D.
Registrar.	(Address) 40 M. dubuty of
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 8 1935	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			La Carta

BINDING

FOR

RESERVED

ARGIN

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MODEST V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOL	RFURTHER	STATEMENTS	BY	PHYSICIAN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago	
AAN 8 AGD				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County alle any	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City W 1009 (No.	St.; Ward) (If death occurred in
	Ward) a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME O OY COO FUS X	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 3 , 19 <b>5</b> / (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the desented from
Tet. 11, 1854	1950. to NGC , 192/
(Month) (Day) (Year)	that I last saw here alive on 1920,
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	6 hronic Bron Chito
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Bellow & Plum a	Contributory Secondary (Duration) yts
10 NAME OF FATHER Stringh Policelle	(Signed) M. D. M.
OF FATHER (State or country) Muy my to. M.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Travels Miteria	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) allegang Ro Mo!	At place of deathyrsmosds. In the Stateyrsmosds  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) runing daskley	Former or usual residence
(Address) MX Parogrammed	9 PLACE OF BURIAL OR REMOVAL 1 DATE OF BURIAL 1974 (2) 6, 1934
15 Filed /3/ /4 1934 A Bratter Registrar	20 UNDERTAKER LADDRESS Hostburg MA
If more banks are needed, addres State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

12043

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm tuverer, Lawrence en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on 118). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi "Congenital," "Senile," etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease Nomenclature of the Measles,

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING
UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-V. S. No. 1

N. B.—WRITE PLAINLY, WIT

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	36 4
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

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BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every
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AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

20. FILED DON 18,19.94

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE

V. S. No. 1

Exact statement of OCCUPA.

	1. PLACE OF DEATH	WITHIN CO	7 Horiann, St
	timage of only	(19	death occurred in a hospital or institution, give its NAME instead of street and number)
		·Leasure	sds. How long in U.S. if of foreign birth?yrsmosds.
	(a) Residence: No. 7 %	(Usual place of abode)	St., 5 Ward.  If monresident give city or town and State
	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec.16.1934  (Month) (Day) (Year)
	If married, widowed, or divorced HUSBAND of Mary . L . Le (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from  1934, to Sec 16 1934
7.	AGE Years Months 89 5	Days if LESS than 1 day,hrs.	I last saw here alive on Dec 15 , 1934; death is said to have occurred on the date stated above, at 1 . 40 . Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
NOITA	8. Trade, profession, or particular kind of work done, as SPINNER, ReSAWYER, BOOKKEEPER, etc. Plindustry or business in which	tired	were as follows:  Date of onset  Care Bushearders  Date of onset
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	- A
12.	. BIRTHPLACE (city or town)(State or country)	Md	Other Contributory Causes of importance:
ER	13. NAME John . H . Lea	sure Sr	
FATHER	14. BIRTHPLACE (city or town)(State or country)	Mđ	Name of operation 2000 Date of
ER	15. MAIDEN NAME Cassa . Zi	mmerla.	
MOTHER	16. BIRTHPLACE (city or town)(State or country)	Md	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17.	Cromwell.Le (Address) Cumberlan	asure d. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Centenary	Dec . 19 . 1934	Manner of InjuryNature of injury
19.	UNDERTAKER John.C.Wolf (Address) Cumber1		24. Was disease or injury In any way related to occupation of deceased? 100

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	CIA	I	Ŀ	į	Ė	A	A	١	١	A	E	1		Ĺ	ľ	I	J	,	5	J	J	)					5	5	5	5	5			J	J				J	)							(	(	(	1	1	l	Į	Į	J	)	3	( 8 )		1		ľ	ì	]		L	Į	1	t	J	Þ	נ	Ŀ	]			[	ľ		0	3	E	]		5	4	L	1	·	1	1	G	E	J	I	V	I	S.	ŀ		1		1	A	1	ľ	1	5	S	4		3	R	I		Đ	ŀ	I.	ą.	I	,	I		Š	ŀ	J	J	U	Į	l	7	3	ŀ	J				3	į	J	)	)		(	(	1
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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

	DI ACE OF DEATH	CERTIFICATE OF DEATH	(40)
	County alles one	Projection Dist. 41-	
	Village or City 7 Postlains, Mil	Registration Dist. NoSt.	Ward
	Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and uu	mber)
	12 / 2 22 /	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
	FULL NAME Poly Day Mortun	( successful)	
	(a) Residence: No. (Usual place of abode)	St., Ward.	
perhanne	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and St  MEDICAL CERTIFICATE OF DEATH	ale
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
-	Male White OR DIVORCED (write the word)	12- 24	193 4
5a.	If married, widowed, or divorced	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dec	ceased from
-	Sparry 10		., 19
	DATE OF BIRTH (month, day, and year) /2-24-34	I last saw h	death is said
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
N	8. Trade, profession, or particular kind ot work done, as SPINNER,		Date of onset
OCCUPATION	SAWYER, BODKKEEPER, etc		
UPA	SAW MILL, BANK, etc.	111 11 10	
S		HUWON	
0	1D. Date deceased last worked at this occupation (month and year)		
12.	BIRTHPLACE (city or town) - 2 rolling, July 1	Other Contributory Causes of Importance:	
ER	13. NAME Henry R. Mestin.		
FATHER	14 PIPTURI ACT (City of The Art o		
F	14. BIRTHPLACE (city or town) - Althouse - Classes (State or country)	Name of operation	
ER	15. MAIDEN NAME MOULE! DILLING!	What test confirmed diagnosis? Was there an auto	psy?
MOTHE	16. BIRTHPLACE (city or town) - Augustowy took - 1	23. If death was due to external causes (VIDL ENCE) fill In also the following:  Accident, suicide, or homicide?	_, 19
17.	NFDRMANT A The Letter	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE	
18.	BURIAL CREMATION, OR REMOVAL	Manner of injury	
	Place Frostlewy My Date 12-24, 1934	Nature of injury	
19.	UNDERTAKER Hurry Marty (Fally) (Address), Havething high	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED 12/25 1934 R. R. Walker	(Signed) A.C. Quell'	
-	Registrar.	(Address) 7 restairy Mes	1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Other contributory eauses of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state INFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING PLAINLY, WIT N. B.-WEXTE

V. S. No. 1

STATE (	OF	MARYL	AND-	CERTIF	<b>ICATE</b>	OF	DEATH
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1. PLACE OF DEATH	Table Of BEATT
County Allegany WITHIN CORPOR	ATE LIMITS Registration Dist. No.
Village of City (**)	No. 6 2 3 9, Intel St., 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 67_yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many 12 Harts	
(a) Residence: No. 623' N. Muchani	St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec, 7, 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of John marty.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) And 4 1867	Llest south clius on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10209, m.
67 3 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Characia Eschoradation Date of onset
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	year.
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc  10. Date deceased last worked at this necessation of the properties of the properti	Sullen death Dr Frankling
SAW MILL, BANK, etc	had been has physican
this occupation (month and spent in this occupation	for a year or ning
1 1 1 1 0	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Character March of
	arteriorelenni
(Stale or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
H I I I I I I	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
a 91:1+ a 10	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURHAL CREMATION, OR REMOVAL	Manner of Injury
Proce the + and and and the due & 1934	Neture of injury
in unperture dome in Strain 9mg.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER MA MANAGEMENT MANA	If so, specify
blead at House & Mr.	(Signed) Shall the M.D.
20, FILED LAND TO THE Registrar.	(Address) Leculos Tano

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V. s.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

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X	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	ECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	xact statement	1
INDING	ERMANENT R	EXACTLY.	classified. E.	aŭ
MARGIN RESERVED FOR BINDING	THIS IS A PI	d be stated I	y be properly	TION is very important. See instructions on back of certificate.
IN RESERV	ADING INK-	d. AGE shoul	, so that it ma	uctions on bac
MARG	WIT	efully supplied	in plain terms	ant. See instr
•	E PLAINLY,	should be car	OF DEATH	s very import
1	WELL	mation	CAUSI	TION

STATE OF MARYLAND-	-CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	107-a).
County allegany	Registration Dist. No.
Village or City Mill. Safered	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How leng to U.S. if of foreign birth?
4. 01.	yrsmosos.
AT TOLK NAME.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Freu 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  / 2 / (Month) (Day) (Yaar)
5a. If married, widewad, or diverced HUSBAND of WIFE of Wildow of July H. Messer (or) WIFE of Wildow	
X //	22. I HEREBY CERTIFY, That I attended decasas from 11-26-1939, te 11-30-1939
6. DATE OF BIRTH (month, day, and year) 7-16-1844	I last saw h alive on 11-30- 193 4; death is said
7. AGE Years Months Days If LESS than	te have occurred on tha date stated above, at \$259 m.
90 4 15 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9 Industry er businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate decaasad last werked at this occupation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this sp	Procho Premovoro:
9 Industry er businass in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	On uncomplicated, primary, case of brone to-
O 10. Oate decaasad last werked at this occupation (month and year)	preumonia engo
0 10.	Other Contributory Causes of impertance;
12. BIRTHPLACE (city er town) A respectively (State er country)	
13. NAME Levy Reuner	
13. NAME Levy Henry  14. BIRTHPLACE (city or tewn) Sureyet County  (State or country)	Name of eperatien
(Stata or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Light Leger	23. If daath was due to external causes (VIOLENCE) fill in alse tha fellowing:
15. MAIOEN NAME  16. BIRTHPLACE (city er town)  (State or country)	Accident, suicide, or hemicide?Oate of injury
(State er country)	Where did injury occur?
17. INFORMANT H. Gracue (Addrass) Mit, Laveg hed	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Med. Savage Date 2-4- , 1934	Nature of injury
19. UNDERTAKER Durch (Address) Hrustbeerg had,	24. Was disease er injury in any way related to occupation of daceased?
20. FILED 12/3 , 1934 A Je Bratilly M. N. Registrar.	(Signed) 'A' Jysber M.D. (Address) Ask Savage hea.
76 months and the Sea Prince	N OLL C. Blick B. C. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		- BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Islones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. PLAINLY, WIT TION is very important. B.-WRITE

V. S. No. 1

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(Addrass)

20. FILED

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH WITHIN CORE	PORATE LIMITS (3).
County Migany	Registration Dist. No.
	No. 427 Segman Commanda Be 6-2 Ward death occurred in A hospital or institution, gree its NAME instead of street and number)
Length of residanca in city or town where deeth occurred of yrs mos  2. FULL NAME A Avid And And	ds. How long in U.S. If of for bigh birth?yrsmosds.
(a) Residence: No. 427 Pennaylama Ase (Usualplace of abode)	St., 6 - Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warie the word)	21. DATE OF DEATH Lee - 12 1934
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  22.   I HEREBY CERTIFY That I attended daceased from
6. DATE OF BIRTH (month, day, end year) Inly 5 1850	I last saw h walve on less - 10, 19.37; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular und of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or business In which	Chrome Myocarditis 1930
SAWYER, BOOKKEEPER, atc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at this occupation (month and specific property). The specific property of the sp	Certifuologlerossis 1930
this occupation (month and spant in this occupation occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
14. BIRTHPLACE (city or town)	Nama of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Such Cantagore.  16. BIRTHPLACE (city or town)  (State or country)	23. If daath was dua to axternal causes (VIOL ENCE) fill In also the following:  Accidant, suicide, or homicide?
17. INFORMANT Bernard Ing Centy (Address) from hurand	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Sulferish ymbate lee 14, 1934	Mannar of injury
19. UNDERTAKER Anno Stem Ina	24. Was disaasa or injury In any way related to occupation of dacaased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:		

N. B.--Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD FOR BINDING TH UNFADING INK--THIS IS MARGIN RESERVED WRITE PLAINLY,

PLACE OF DEATH County Olling aug	STATE OF MARYLAND CERTIFICATE OF DEATH
4.0	Registration Dist. No.
Village or City M Jacog (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Infant me N	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 198 4 (Month) (Day) (Year)
OM 27, 1939 (Month) (Day), 1 Year)	that I last saw h alive or 192 , 192
7 AGE Attlyrs for de. or min.?	
a) Trade, profession or particular kind of work	J. 11 fru /6mo)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) of Savols m	Contributory Secondary (Duration) yes
10 NAME OF P De Poles & Ouruit	(Signed) M. D. M. M. M. D. M.
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Viscase Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER many for line France	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) W Savage In di	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs de Jales Me Desquitt	usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) // Congress of Filed (SA) 1983 4 1 Shully in	PO UNDERTAKER SHEET ADDRESS
Kegistrai	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery; cngincer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; approved by tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, ..... (name origin; "Caneer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied. N. B.-WRITE PLAINLY, WITA

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	926	
County Allegany Registration Dist. No.		
Village or City Attitle Oileans	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or lown where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsds.	
2. FULL NAME Glorge Thomas /1	L. Wonal	
(a) Residence: No. Outside	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
3. SEX / 4. COLOR OR RACE   5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Ace 8 193 <sup>3</sup> 4 (Month) (Oay) (Year)	
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Sarah B. M. Wonal	22. I HEREBY CERTIFY. That I attended deceased from 1930, to See. 8, 1934	
6. DATE OF BIRTH (month, day, and year) Nov. 17, 1867	I last saw has alive on aug 1934; death is seid	
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, at 7.1.2.m.	
67 0 21   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	1 Date of one of	
SAWYER, BOOKKEEPER, etc. Ack tender	Chrome alcoholism 1914	
work was done, as SILK MILL, Caual		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month land year)  year)  11. Total time (years) spent in this occupation /2		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)	Indocardetio 1930	
13. NAME John / Nonal	myocardites	
13. NAME John Monal  14. BIRTHPLACE/Ceity or town) Pomentural	Name of operation Oate of	
(State or country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIOEN NAME anna Deneene 16. BIRTHPLACE (city or town) ferrosylvania	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) - Perusage ranca	Accident, suicide, or homicide? Date of injury, 19	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT LAW M' Noval (Address) Julia Orleans ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Place Tille 14, 1934	Nature of injury	
19. UNOERTAKER (A. R. A. Sugarita)	24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED DIE 10 19 3 4 4 71 1/1/2000	(Signed) (A. Watson M.D.	
System Registrar.	(Address) / Auce the Mind	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	7921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 7 1000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Laborator .

ADDITIONAL	SDACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SPAUL	run	FURIHER	STATEMENTS	DI	LHISIOIAN

# MARGIN RESERVED FOR BINDING

V. S. No. 1

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PHYSICIANS should state A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. IS UNFADING INK-THIS AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, WIT Ä

STATE OF MARY	AND-CERTIFICATE	OF DEATH
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Village or City.  Ward  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town when death occurred.  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  2. LATE OF DEATH  2. LATE OF DEATH  3. SLX  S. DATE OF BRTH (month, day, and year)  Length of residence in city or town and State  North of the conversed of the case state above, at James of the city or town and State  North of DEATH of the city of town of the city of town and State  Late of DEATH of DEATH  2. LATE OF DEATH  3. SLX  LATE OF BRTH (month, day, and year)  Late of Days of Late of Days of Late of L	1. PLACE OF DEATH	<u> </u>			
Langth of residence in city or town where death occurred.  YES, See Not and in a basis of minimized of steed and number?  2. FULL NAME.  (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX.  4. COLOR OR RACE  5. SINGLE, MARRIFD, WIDOWED  53. If married, widowed, or divorced interesting by welf?  53. If married, widowed, or divorced interesting by welf?  53. If married, widowed, or divorced interesting by welf?  54. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  7. AGE  8. Trada, profession, or particular work of the work were done, as SILK MILL, SAW MILL, BARK, etc.  10. Date decessed last worked at worked at work of the silk of the produced or town and Silk or country)  10. Date decessed last worked at work of the silk of the produced or town or the date stated above, at. J	County Allgany	Registration Dist. No.			
Length of residence in city or town whole death occurred yrs. 3 mos. 6. ds. How long in U. S. If of foreign birth? yrs. mos. ds.  2. FULL NAME (a) Residence: No. August Manufacture of abode)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE  S. SINGE, MORRIFO, SINGE MARRIFO, NUMOVED, ORD DIVORCED (principly royer)  So. If married, petorest, or divorced (up) in Herot  T. AGE  Vars  Months  Days  1. LESS than  1. Legs, his.  SAWYER, BOOKKEPER, atc.  S. Industry to business in which work was done, as SINKER, sawrier, as of this occupation (month and yrs)  West North Was done, as SINK MILL, business in which work was done, as SINK MILL, business in which was done to external causes (VIOLENCE) fill in also the following:  12. BIRTHPLACE (city or town)  Solution of operation  Data of country)  Manure of injury  Nature o	Village or City Lefath				
2. FULL NAME  (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR BACE  S. SINGLE, MARRIFD, WIDOWED, OR DIVORCED GORDING LIBY OR DIVORCED GORDING LIBY WIDOWED, OR DIVORCED GORDING LIBY OR DIVIDIO LIBY OR DIVORCED GORDING LIBY OR DIVO	// // 2				
(a) Residence: No.    Complete of abode   St.   Ward.	01 (0 1.	The House the control of the control			
PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE  OR DIVORGED (Source provided)  S. LI MARTING, widowed, or divorced  (CO) WHE of  S. DATE OF BIRTH (month, day, and year)  A. CEE  Years  Monifs  Or, min.  1 day,	2. FULL NAME Cana Paulent	Heles			
21. DATE OF DEATH    A COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (caring the wayd)	(a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and State				
Sa. If married, widowed, or divorced HUSBATCH (Month)  Sa. If married, widowed, or divorced HUSBATCH (Month)  1009  Sa. If married, widowed, or divorced HUSBATCH (Month)  Robert of HUSBATCH (Month, day, and year)  Sa. If married, widowed, or divorced HUSBATCH (Month)  Robert of HUSBATCH (Month, day, and year)  Sa. If married, widowed, or divorced HUSBATCH (Month)  A. ACE Yaars Months  Days J. Italians as the salve on A.J. 2. 19.3 %.  I last saw h. A. alive on A.J. 2. 19.3 %.  I last saw h. A.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  7. AGE  7. AGE  8. Trada, profession, or particular Sind of the day and year in the period the date stated above, at. 172 m.  1. AGE  8. Trada, profession, or particular Sind of the day and year in the period the date stated above, at. 172 m.  1. Industry or business in which SAW MILL, BANK, etc.  1. Industry or b		Dec. 22 1934			
8. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trada, profession, or particular  8. Trada, profession, or particular  8. Trada, profession, or particular  9. Trada, profession, p		22. I HEREBY CERTIFY, That I attended deceased from			
7. AGE  Years  Montes  Days  A LESS than 1 day, hrs. or min.  B Tada, profession, or particular  Rind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  B Industry or business in which work was done, as SILK MILL, SAWMILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  What LESS than 1 day, hrs. or min.  B The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  B Taday of the PLANT A CAUSE OF DEATH and related causes of importance  What I deceased last worked at this occupation (month and year)  Other Ceatributory Causes of importance:  Other Ceatributory Causes of importance:  Other Ceatributory Causes of importance:  Other Country)  What test confirmed diagnosis?  Was there an autopsy? 10.  What test confirmed diagnosis?  Was there an autopsy? 10.  State or country)  Manuel Country  What test confirmed diagnosis?  Was there an autopsy? 10.  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  BURIAL, CREMATION, OR REMOVAL Place  (Address)  Place  Other Ceatributory Causes of importance  Universal Place  What test confirmed diagnosis?  Was there an autopsy? 10.  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Hand Place  Accidents, suicide, or homicide?  Accident, suicide, or homicide?  Acc	- Could				
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    S. Trada, profession, or particular individual profession, individual profession, or particular individual profession, individual profes		10			
8. Trada, profession, or particular sind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc.  1. Do Date deceased last worked at this occupation (month and year)  (Sate or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BIRTHPLACE (city or town)  (State or country)  19. UNDERTAKER  (Address)  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  Manual  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of Injury  (Signed)  Manner of Injury  Nature					
Skind of work done, as SPINNER, SAWYER, BOKKEPER, atc.  1 Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL  19. ALL  19. AL		11 ( )			
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Other Contributory Causes of importance:  Other Contributory Causes  Name of operation  Other Contributory Causes  Name of operation  Other Contributory  Name of operation	8. Trada, profession, or particular kind of work done, as SPINNER.				
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Other Contributory Causes of importance:  Other Contributory Causes  Name of operation  Other Contributory Causes  Name of operation  Other Contributory  Name of operation	SAWYER, BOOKKEEPER, etc.	stratory of mulacle about Du 11th Dec15th			
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Other Contributory Causes of importance:  Other Contributory Causes  Name of operation  Other Contributory Causes  Name of operation  Other Contributory  Name of operation	work was done, as SILK MILL,				
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Other Contributory Causes of importance:  Other Contributory Causes  Name of operation  Other Contributory Causes  Name of operation  Other Contributory  Name of operation	10. Date deceased last worked at 11. Total time (years)				
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED-Day 24 19.24  21. BRAME  13. NAME  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Specify city or town)  (Specify city or town, country and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  16. Specify  Manner of injury  Natura of Injury  Natura of Injury  19. UNDERTAKER  (Address)  16. Specify  (Specify city or town, country and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  17. INFORMANT  (Address)  Manner of injury  Natura of Injury  Natura of Injury  Natura of Injury  (Signed)	Sport in this /- /- //				
(State or country)    13. NAME   Servey Metty   Name of operation   Data of	I maining	Other Contributory Causes of importance:			
Specify city or town, country   Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.    19 UNDERTAKER   Specify					
Specify city or town, country   Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.    19 UNDERTAKER   Specify	13. NAME GEORGE Sounder Miletty				
Specify city or town, country   Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.    19 UNDERTAKER   Specify	E Grant	Name of operation			
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  (Address)  19. UNDERTAKER  (Address)  23. If death was due to extarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  (Specify city or town, country and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of Injury  19. UNDERTAKER  (Address)  Accident, suicide, or homicide?  (Specify city or town, country and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of Injury  19. UNDERTAKER  (Signed)  15. MAIDEN NAME  24. Was disease or Injury In any way related to occupation of deceased?  M. D.  20. FILED  21. 19. 24. S. 24. 19. 24. S. 24.	(State or country)				
17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  24. Was disease or Injury In any way related to occupation of deceased?  24. Was disease or Injury In any way related to occupation of deceased?  20. FILED  20. FILED  21. INFORMANT  (Specify city or town, county and Stale)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and Stale)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  Natura of Injury  19. UNDERTAKER  (Address)  (Signed)	15. MAIDEN NAME CARROL PAPER D.				
17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  24. Was disease or Injury In any way related to occupation of deceased?  24. Was disease or Injury In any way related to occupation of deceased?  20. FILED  20. FILED  21. INFORMANT  (Specify city or town, county and Stale)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and Stale)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  Natura of Injury  19. UNDERTAKER  (Address)  (Signed)	The state of the s				
17. INFORMANT Meet Servey Methal Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury Natura of Injury  24. Was disease or Injury In any way related to occupation of deceased?  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury  19. UNDERTAKER  (Address)  24. Was disease or Injury In any way related to occupation of deceased?  16 so, specify  (Signed) / Henry M. / Andyson M. D.	State or country)				
18. BURIAL, CREMATION, OR REMOVAL Place Characteristics Data. Sec. 24, 1934  19. UNDERTAKER School School States or Injury In any way related to occupation of deceased? No lift so, specify  20. FILED 22 24 1934 S.A. Boucher (Signed) Henry In Avalysis M. D.	17. INFORMANT Mr. Gev Stewey Fretta	(Specify city or town, county and State)			
Placa Old Consylburday Data Sec. 24, 193/ Natura of Injury  19. UNDERTAKER Standard Modern Management of Material Sec. 24. Was disease or Injury In any way related to occupation of deceased? No lift so, specify  20. FILED 22 24 1934 S. A. B. On the M. D.  (Signed) 141My M.	The state of the s	Mannar of injury			
(Address) Lingering, Mas If so, specify  20. FILED 20 24 1924 S. a. B. bucker (Signed) / terry In / trayer M. D.	All a Bin will have the DII TH				
20. FILED Day 24 1924 S. a. B. bucher (Signed) / terry In / todayer M. D.					
20. FILED 13.4. 19	(noures) amounty may				
		1 0 1			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE-LAINLY, WITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
WITHIN CORP	ORATE LIMITS 4
County Milgary	Registration Dist. No.
Village or City Landburker City	No. To Office And St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 40 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Delma D metz	
(a) Residence: No. 200 Hest Land	St., 3 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Amale White Prassed (write the word)	Delivery of 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
Can 9 6 1812	I last saw h d elive on 2001 . 16 the 1934; deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
72 10 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Causes of upon left Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and	
10. Date decesed last worked at this occupation (month end year)	
111.11-	Other Charibatory Canses of importance:
12. BIRTHPLACE (city or town)	ramino.
13. NAME John In Olofinette	
13. NAME John In Olohyntte  14. BIRTHPLACE (city or town). I limbaltonic B.	Neme of operation Dete of
1 (State of country)	What test confirmed diagnosis herrocopie Was there an autopsy? La
15. MAIDEN NAME Charleth Harte	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town). Thinkstone g.	Accident, suicide, or homicide?Date of Injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) On Meriland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Place Date Date T, 1994	Nature of Injury
19. UNDERTAKER domino Stein Inc.	24. Was disease or injury In any way related to occupation of deceased?
(Address) combyland.	If so, specify
20. FILED IL 3 , 1934 January Milero	(Signed) M. D.
Registrar.	(Addreys) / (2.2 / 228 / 200 8

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
01			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?\_\_\_\_\_yrs. Length of residence in city or town where death occurred RECORD. (a) Residence: No. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of REBY CERTIFY. That I attended deceased from PERM certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE to have occurred on the date stated above, at // 30 Am Years Months If LESS than proper The PRINCIPAL CAUSE OF DEATH and related causes of importance . min. IS Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. should may back 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc ... 10. Dato deceased last worked at uo 11. Total time (years)
spant in this this occupation (month and that year) \_\_ occupation instructions Other Contributory Causes of importance 12. BIRTIIPLACE (city or town) (State or country) supplied FATHER 14. BIRTHPLACE (city or town) plain (State or country) carefully Whet test confirmed diegnosis? OTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOL ENCE) fill. In also the following: Accident, suicide, or homicide? ----- Date of Injury -----16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_\_ should be (Specify eity or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, DR REMOVAL Manner of injury mation CAUSI LION Neture of injury. 24. Was disease or injury in eny way related to 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If nonresident give city or town and State (Day) Date of onset

Was there en autopsy?\_\_\_\_\_

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	imple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Atlack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN 3 150	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
1	BURRAU V			
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46-d)
County allegany	Registration Dist. No.
Village or City W. Sarage	No. Coursel St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Steury Thomas	miller.
(a) Residence: No. 8-hurch Vill	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)  5a. If married, widowad, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBANO of (or) WIFE of Sarah Miller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Saw 13, 1873	I last saw h aliva on 12-13, 1939; daath is seid
7. AGE Yaars Months Oays If LESS than	to heva occurred on the data stated above, at 3,3 9 m.
6 11 - 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profession, or particular kind of work done, es SPINNER, Railwad Engineer SAWYER, BOOKKEEPER, atc.	Date of officer
	camer 4 ( restau and
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Oate dacassed last worked at this occupation months and the same and is this companion of the same and is the same a	Robin
10. Oate dacaased last worked at this occupation (year) 1.931 11. Total time (years) spant in this 35 years)	
12. BIRTHPLACE (city or town) Wt. Savage	Othar Contributory Causes of importance:
(State or country)	Ruley Claber Danot
II 13. NAME Joseph Willes	of blosh
13. NAME Jose of Wille 14. BIRTHPLACE (city or town) Jerum anny	Name of operation Oate of 3-9-32
(State or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIOEN NAME Bridget Flood.	23. If death was due to axternal causas (VIOLENCE) fill in elso tha following:
15. MAIOEN NAME Billet Floor	Accidant, suicida, or homicide? Data of injury, 19
S (Stata or country)	Whare did Injury occur?
17. INFORMANT Mary Maller War (Address) 201. Savago War	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Plece St Valuetes - Medan Date 1 1, 1954	Nature of Injury
19. UNOERTAKER acol de (Address)	24. Was disaasa or Injury In any wey related to occupation of daceasad?
20. FILEO /2/14 , 1934 A pol Spatetter M. D.	If so, specify (Signad) M. D.
Free & Registrar.	(Address)
If mony blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	Example II	353 (1)
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

N. B.—WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Ø
County Ellegary)	Registration Dist. No.
Village or City AV Atera host.	No. St., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where data the occurredyrs	ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME MILE - ST	ell-born
(a) Residence: No. THE HEALTH (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male OR DIVORCED (write the word)	Sec 6 193 4
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from the 6 193%, to Dec 6 1938
6. DATE OF BIRTH (month, day, and year) Devel 1934	I last saw h ! m affive on Still Burn 13/68 K; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 7 11 40 day
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fibrosis 7 Placenta Outs of onset
A Trade profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and separation this county to the county of the	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) A estupped of (State or country)	Other Contributory Canses of importance:
13. NAME George Miller	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 14. M.	Name of operation Date of Date
	What test confirmed diagnosis? Was there an au'opsy? 220
	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury
17. INFORMANT Ma See Miller / (Address)	Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place felve Oate Joff 6, 193 +	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or Injury In any way related to occupation of deceased? The
20. FILEO Rec. 6, 19.34 Qualentala. Registrar.	(Signed) M.D.
Registrat.	(Address) Teldssesses CO. Ca

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as sommer, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

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	TATELABING
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	S	TATE (	OF MARY	/LAND-	CERTIFICATE OF DEATH	TO!
1.	PLACE OF DEAT	ГН	200	WITHIN	157-0).	,
	County	, 0	lleg	any	Registration Dist. No.	
	Village or City		Mahlo	mel (II	No. St., fd. death occurred in a hospital or institution, give it AME instand of street and number	- War
	Length of residence in ci	ly or town where	deeth occurred		ds. How long in U.S. if of forelgy birth?	d
2.	FULL NAME	ans	Leound	mi	ike	
	(a) Residence: No	316	Walve	ele Ter	St., 5 Ward.	
			(Usual place of	1	If nonresident give eity or town and State	-
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. SE	male n	R OR RACE	5. SINGLE, MARR	(write the word)	21. DATE OF DEATH  Tec. /B 193  (Month) (Dey)	(Year)
5a. I	f married, widowed, or divo HUSBAND of	rced	0			
	(or) WIFE of				22. I HEREBY CERTIFY, That I ettended dece	sed fro
6 D	ATE OF BIDER (	//	100/ 11	1211	Net	19 Ith Is sa
7. AC	ATE OF BIRTH (month, day  GE Years	Months	Deys	If LESS than	to have occurred on the dete stated above, et . 2:15 m.	1711 12 24
	0	0	2	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
-	8. Trade, profession, or pe	erticuler	7	1 01	Opinian Bifila - Dat	e of one
0	kind of work done, SAWYER, BOOKKEE	PER, etc.	home		Fylinerflatur	
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e	SILK MILL.				
000	10. Date deceased lest wor this occupetion (more	ked et		t in this		
12 8	year)BIRTHPLACE (city or town).	Com	Serland	pation	Other Contributory Causes of Importance:	
14, 1	(State or country)			2200		
ER _	13. NAME Colle	rh h	unde			
FATHER	14. BIRTHPLACE (city or to	wn)	20		Neme of operation Date of	
	(Stete or country)	1.1	That.		Whet test confirmed diagnosis? Wes there en eutops	sy?
HER-	15. MAIDEN NAME	astha	ada	me	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
5	16. BIRTHPLACE (city or to	wn)			Accident, suicide, or homicide?, Date of injury,	19
Σ	(State or country)		· · ·		Where did injury occur? (Specify city or town, county and State)	
17. [	NFORMANT Alle (Address) 3/	on man	m/ke	Mal	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. B	BURIAL PREMATION, OR R	REMOVAL	15,00	1.1	Manner of injury	
-	Ala Oller	Vanto C	instate NIC	- 14,19.34	Nature of Injury	
19. L	JNDERTAKER Ann. (Address)	o Ster	n Ine	:	24. Wes disease or injury in eny way related to occupation of deceesed? A	0
	(Address)	hund	Di	Abr	If so, specify (Signed) Additional Control of the C	M
20 5	FILED LEC / 4	103 4	TY MA MADEL	X VVIII		-

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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
IAN A A	. A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation

of OCCUPA-

County    Registration Dist. No.	1	L. PLACE OF DEATH	- DEATH
Willage or City.  Ward  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  A. Residence in city or town where death occurred  Ys.  Ward  Hendrodent give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  S. SIXX  4. COLOR OR RACE  S. SNCKE, MARICH, JADOUGD  S. S. Ward.  He nonemident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  S. SIXX  4. COLOR OR RACE  S. SNCKE, MARICH, JADOUGD  AND DIVORCED (Swinic 198 word)  So. J. HER E. BY CERT I FV. That I ettended dacassed from the state of country of the state of the sta		J11/1/// 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Registration Diet No.
Leagth of residencis in city of town where death origined.  2. FULL NAME.  (a) Residence: No.  (b) PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRICON, WINDOWSD, OR DIVORCED (variety) by word)  5. If married, widowed, or divorced  (BUSANAL)  (COLOR OR RACE  5. SINGLE MARRICON, WINDOWSD, OR DIVORCED (variety) by word)  5. If married, widowed, or divorced  (BUSANAL)  (COLOR OR RACE  5. SINGLE MARRICON, WINDOWSD, OR DIVORCED (variety) by word)  5. If married, widowed, or divorced  (BUSANAL)  (COLOR OR RACE  5. SINGLE MARRICON, WINDOWSD, OR DIVORCED (variety) by word)  5. If LESS than I day, and year 1 (logy, hars, or min.  7. ACE  Years  Modelhy  11 LSS than I day, and year 1 (logy, hars, or min.)  5. If and profession, or particular variety or business in which it is a station with a station of the data Willer shows, at 1.3 O.4 i.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were a stillow.  5. Industry to business in which it is a station with a station of the data Willer shows, at 1.3 O.4 i.m.  5. AW MILL, BRIKE, etc.  7. Industry to business in which it is a station with a station of the data Willer shows, at 1.3 O.4 i.m.  7. ACE  Years  Modelhy  1. Industry  1. Industr			NoSt., Ward
(a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCE, MARKIED, WIDDOWD, OR DIVORCED (swine Hib world)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  11 LISS than 1 day, hrs. or hrs.	11.4		/->
PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (conic the word)  OR DIVORCED (conic the word)  21. DATE OF DEATH  22. I HER EBY CERTIFY. That I eltended deceased from the state above, at 2.3 o.4	2	2. FULL NAME Lassy Lindy	Dones!
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWS OR DIVORDES (comit the word) 5a. If married, widowed, or divorced HISBARD of ((a)) Wilfe of  6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 8. Trads, profession, or particular initing of word done, as SPINNER, SANYER, BOOKREPPR, etc. 9. AGE 9. Industry or business in which was done, as SPINNER, SANYER, BOOKREPPR, etc. 9. AGE 10. Date deceased last worked at the word of country)  11. INFORMANT AMME 12. BIRTHPLACE (city or town) (State or country)  13. MAME 14. BIRTHPLACE (city or town) (State or country)  15. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT AMME 18. BIRTHPLACE (city or town) (State or country)  18. BURIAL, CREMATION, OR/REVOYAL PIECE AMME AMME 19. UNDERTAKER (Address)  18. BURIAL, CREMATION, OR/REVOYAL PIECE AMME (City or town) (State or country)  19. UNDERTAKER (Address)  10. Direction of the country of		(a) Residence: No. A acomuna	St., Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED (semicible words)  5. If married, widowed, or divorced HOST of BIRTH (month, day, and year)  7. AGE  Years  Months  Days  IT LESS than 1 day,	sametic		0 //
So. II married, widowed, or divorced HUSBAND (North)  So. II married, widowed, or divorced HUSBAND (North)  So. II married, widowed, or divorced HUSBAND (North)  E. Tade, profession, or particular in the standard deceased from the data State of the data S	-		
HUSBAND of (or) WIFE of (or) WI	(		Sec. 28 193 Y
T. AGE  Years  Months  Days  II LESS than 1 dey	5a.	HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
8. Trada, profession, or particular SANYER, BOOKKEPPER, etc.  9. Industry or business in which soccupation (month and plane) SANYER, BOOKKEPPER, etc.  10. Date deceased last worked at this occupation (month and plane) Spanin in this possible of the contract of the soccupation (month and plane)  12. BIRTHPLACE (city or town) (State or country)  13. NAME SIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, ON REPOYNE) Place (Address)  19. UNDERTAKER (Address)  20. FILED  10. FILED  11. UNDERTAKER (Address)  12. Sirthplace (Signed)  13. NAME (Signed)  14. Soccupation  15. Soccity city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  15. Soccity city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  15. Soccity city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  15. Soccity city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  15. Was disease or injury in any way related to occupation of deceased?  16. Soccity city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  16. Soccity city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  17. Soccity city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REPOYNE.  (Signed)  19. Work disease or injury in any way related to occupation of deceased?  19. Soccity city or town, country and state)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  19. Soccity city or town, country and State)  Specify whether injury oc	6.	DATE OF BIRTH (month, day, and year) June 11, 1927	I last saw have alive on Dell' 2 7 th 1934; deeth is said
8. Trade, profession, or particular work done, as SPINNER, SANVER, DOKKEPER, etc.  9. Industry or business in which work done, as SPINNER, SANVER, DOKKEPER, etc.  10. Date deceased last worked at this occupation (month and a public occupation)  11. BIRTHPLACE (city or town) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, OREMATION, OR REPOYN  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  19. (Signed)  19. COMMING (Signed)  M. D. D. C. COMMING (Signed)  M. D. C. COMMING (Signed	7.		to have occurred on the date stated above, at 2.3 o.A. m.
8. Trada, profession, or particular kind of work doma, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and particular) in this occupation (State or country)  11. BIRTHPLACE (city or town) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME			wors se follows:
Sindustry or business in which work was done as SILK MILL, SAW MILL, BANK, etc.   10. Date deceased last worked at this occupation (month and or last spent in this occupation (CState or country)   12. BIRTHPLACE (city or town)	NOI	kind of work dona, as SPINNER,	Cofellary Prouchilis: securing dec 25.1
10. Date deceased last worked at this occupation (month and part of this occupation)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (Slate or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, ON REMOYAL.  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Date of injury.  11. Total time (years)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. OF THE DATE of the part of the public place of injury.  Neture of Injury.  Neture of Injury.  19. Whore did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. OF THE DATE of the public place of injury.  Neture of Injury.  Neture of Injury.  19. Whore did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupation of deceased?  19. OF THE DATE of the public place of injury in any way related to occupati	UPAT	9. Industry or business in which work was done, as SILK MILL.	1 19 1
Other Contributory Canses of Importanca:  Other Contributory Canses of Importanca:  Other Contributory Canses of Importanca:  Tho child had had had had had had had had had ha	000	10. Date deceased last worked at this occupation (month and spent in this	
13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   19. U	12.	BIRTHPLACE (city or town) & man ming	Other Contributory Causes of Importanca:  The child had had not
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Slate or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER (Address)  20. FILED  10. BIRTHPLACE (city or town) (State or country)  Name of operation  What test confirmed diagnosis? Was there an au'opsy?  Accidant, suicide, or homicide? Date of injury  Newere did Injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Neture of Injury  Neture of Injury  19. UNDERTAKER (Address)  20. FILED  10. Signed)  Name of operation  What test confirmed diagnosis?  Was there an au'opsy?  Accidant, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  Neture of Injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D	ER	1 / // J l (bar)	1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Slate or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, ON REMOVAL  (Placa  (Address)  19. UNDERTAKER  (Address)  20. FILED  Le . 30, 1934  20. FILED  What test confirmed diagnosis? Was there an au'opsy?  What test confirmed diagnosis? Was there an au'opsy?  23. If death was due to externel causes (VIOLENCE) fill in elso tha following:  Accidant, suicide, or homicide?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Neture of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D  COLUMN  M. D	ATH	14. BIRTHPLACE (city or town) Armanhia	7
17. INFORMANT	F		What test confirmed diagnosis? Was there an au'opsy?
17. INFORMANT	HER	15. MAIDEN NAME Unganid Schell	23. If death was due to externel causes (VIOLENCE) fill in elso tha following:
17. INFORMANT	MOT		
18. BURIAL, CREMATION, ON REMOVAL  Place  19. UNDERTAKER  (Address)  18. BURIAL, CREMATION, ON REMOVAL  Place  Address  19. UNDERTAKER  (Address)  20. FILED  Le. 30, 1934  Son Florm  (Signed)  Manner of Injury  Neture of Injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  Manner of Injury  Neture of Injury  Neture of Injury  (Signed)  Manner of Injury  Neture of Injury  (Signed)  Manner of Injury  Neture of Injury  Netu	17.	INFORMANT Mr. Shillaps Muyer	(Specify city or town, county and State)
Placa At At Consider Sold Sold Sold Sold Sold Sold Sold Sold	18.	The contract of the contract o	Manner of Injury
20. FILED Le 30, 134 5. Jon Torner, (Signed) M. Br Corrent M. D.		Place of at Nell Esselvoge 30,1934	
20. FILED Le 30, 134 5. Jon Tylornio, (Signed) M. Pr Corrust	19.	UNDERTAKER III Eighhorn	
20. FILED 1	-	(Address) Lanaconing, for	If so, specify
	20.	FILED Le 30, 1934 E Jon Tylorhio Registrar.	(Signed) M. Corrust M. D. (Address Midland Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-00 . [200]
County Colleganing ITHIN COL	RPORATT I MITS Registration, Dist. No. 4
Village or City Curafle Cand	No. Section Retreat St., Ward death occurred in a hoppital or institution, give in NAME instead of street and number)
	ds. Howling in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Alleg R. M. (a) Residence: No. Say Loan Retro A	st. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH 12-28-, 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) unte 1890	I last saw harmative on 19 + 7 7 - 193 4 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9m.
44   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Vale of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and	102 rouse Oulone 1.
work was done, as SILK MILL, SAW MILL, BANK, etc.	/ Un brue suroce dates
1D. Date deceased last worked at this occupation (month and year)	
and I	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Contemis DD
13. NAME There made a	tiver in cle,
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? The Eddy Was there an au'opsy?
15. MAIDEN NAME was to season	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME economic of the second of th	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Records Sylvan Retreat	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Platteganytomity & Date Wel 29 , 1934	Nature of injury
19. UNDERTAKED Louis Ster Tue	24. Was disease or injury. In any way related to occupation of deceased?
(Address berland Ind.	If so, specify
20, FILED Lec 29, 1035 Sharney H. Necas	(Signed) Willedge M.D.
Recistrar	(Address) (P1/21/12 - 0 by)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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JAN H 1535	•		
Other contributory causes of importance:	-11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Every item of infor- CIANS should state ement of OCCUPA-
BINDING	PERMANENT RECORD. I EXACTLY. PHYSI rly classified. Exact statate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MAR	E PLAINLY, WIT ON should be carefully supple OF DEATH in plain terrise very important. See ins
V. S. No. 1	mation CAUS TION

	L. PLACE OF DEA	TH	W	THIN COD	PURATE LIMITS (59)	
	County All	egany		TITIN CON	Registration Dist. No.	4
	Village or City	Cumberla	nd Md.		No. Memorial Hospital	1.6-/ V
	Langth of residence in a	: hu h		()	death occurred in a hospital or institution, give its NAME instead of stree	t and number)
	Length of residance in ci	ity di tovii where des	ath occurred	yrsmo	ds. How long in U.S. If of foraign birth?yrs	mos
2	2. FULL NAME	supa	ul /4	auto		
	(a) Residence: No		(Usual place of	abode)	St.,Ward.	10.
(minus)	PERSONAL AN	D STATISTIC			If nonresident give city or low MEDICAL CERTIFICATE OF DEAT	
3. 3	SEX 4. COLO	R OR RACE	S. SINGLE, MARRI		21. DATE OF DEATH	
	Male	White		(write the word)	December 15, 1934	
5a.	If married, widowed, or divo	orced		9	(Month) (Day)	(Yaa
	(or) WIFE of	<			22. I HEREBY CERTIFY, That I atte	
	DATE OF BIRTH (		\a_a_ 7.5	1074	Dec 15 ,134 , to Dec 15	4
_	DATE OF BIRTH (month, day AGE Yaars	y, and yaar)	Days	1934	to have occurred on the data statad above, at. 10:20, P. 1	daath i
	0	0	0	1 day 2hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
_		1		or & Unin.	were as follows:	Date of
0	8. Trade, profassion, or pa kind of work dona, SAWYER, BODKKEE	as SPINNER, PER, atc.			January	
PA	9. Industry or business in work was done, as S	which				
		SILK WILL.				
ប្ដ	SAW MILL, BANK,	etc	11 Total tim			
OCCUPATION	SAW MILL, BANK, of 1D. Date deceased last worthis occupation (more year)	etc		in this		
	SAW MILL, BANK, 6  1D. Date deceased last wor this occupation (more year)	etc	11. Total tim spent occupa	in this	Other Contributory Causes of Importance:	
	1D. Date deceased last wor this occupation (more	etcrked at nth and	spent	in this	Other Contributory Causes of Importance:	
12.	SAW MILL, BANK, ( 10. Date deceased last wor this occupation (moi year)  BIRTHPLACE (city or town) (State or country)	etcrked at nth and	spent occupa	in this	Other Contributory Causes of Importance:	
12.	SAW MILL, BANK, 6  1D. Date deceased last wor this occupation (more year)  BIRTHPLACE (city or town)  (State or country)  13. NAME Lenni	West VIr	spent occupa	in this		
FATHER 12.	ID. Date deceased last worthis occupation (more year)  BIRTHPLACE (city or town) (State or country)  13. NAME Lenni  14. BIRTHPLACE (city or to (State or country))	west VIr  E E. New	ginia vton	in this	Name of operation	
FATHER 12.	ID. Date deceased last worthis occupation (more year)  BIRTHPLACE (city or town) (State or country)  13. NAME Lenni  14. BIRTHPLACE (city or to (State or country))	West VIr	ginia vton	in this	Name of operation Data What test confirmad diagnosis? Was ther	e an autopsy?
HER FATHER	SAW MILL, BANK, of the control of the companies of the co	West Vir e E. New	ginia vton ana Blades	in this	Name of operation Data  What test confirmad diagnosis? Was ther  23. If daath was due to external causes (VIDLENCE) fill In also the foll	e an autopsy?
FATHER 12.	D. Date deceased last wor this occupation (more year)  BIRTHPLACE (city or town) (State or country)  13. NAME Lenni  14. BIRTHPLACE (city or to (State or country)	West VIr Le E. New West India  Mildred E	ginia vton ana Blades	in this	Name of operation Data  What test confirmad diagnosis? Was ther  23. If daath was due to external causes (VIDLENCE) fill In also the foll Accidant, suicide, or homicide? Date of Injury	e an autopsy?_ lowing: , 19_
MOTHER FATHER	SAW MILL, BANK, 6  1D. Date deceased last wor this occupation (more year)  BIRTHPLACE (city or town) (State or country)  13. NAME Lenn 1  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  INFORMANT Memoria	west Vir e E. New India  Mildred E	ginia vton ana Blades	in this	Name of operation Data  What test confirmad diagnosis? Was ther  23. If daath was due to external causes (VIDLENCE) fill in also the foll  Accidant, suicide, or homicide? Date of Injury  Where did injury occur?	lowing:
MOTHER FATHER	SAW MILL, BANK, ( 1D. Date deceased last won this occupation (mon year)  BIRTHPLACE (city or town) (State or country)  13. NAME Lenn i  14. BIRTHPLACE (city or to (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or to (State or country)  INFDRMANT Memor (Address) Cumb	wn) India  wn) India  ildred E  india  ildred E  india  ildred E	ginia vton ana Blades	in this	Name of operation Data  What test confirmad diagnosis? Was ther  23. If daath was due to external causes (VIDLENCE) fill In also the foll Accidant, suicide, or homicide? Date of Injury	e an autopsy? lowing:
MOTHER FATHER	SAW MILL, BANK,  1D. Date deceased last wor this occupation (mor year)  BIRTHPLACE (city or town) (State or country)  13. NAME Lenn 1  14. BIRTHPLACE (city or to (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or to (State or country)  INFORMANT Memor (Address) Cumb  BURIAL, CREMATION, DR R	West Vir West Vir E. New West Vir De E. New De E. New West Vir De E. New West Vir De E. New De E. Ne	ginia vton ana Blades tana pital	in this	Name of operation Data  What test confirmad diagnosis? Was ther  23. If daath was due to external causes (VIDLENCE) fill in also the foll  Accidant, suicide, or homicide? Date of Injury  Where did injury occur?	lowing:
MOTHER FATHER	SAW MILL, BANK, ( 1D. Date deceased last won this occupation (mon year)  BIRTHPLACE (city or town) (State or country)  13. NAME Lenn i  14. BIRTHPLACE (city or to (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or to (State or country)  INFDRMANT Memor (Address) Cumb	West Vir West Vir E. New West Vir De E. New De E. New West Vir De E. New West Vir De E. New De E. Ne	ginia vton ana Blades	in this	Name of operation	lowing:
MOTHER FATHER 17.	SAW MILL, BANK,  1D. Date deceased last wor this occupation (mor year)  BIRTHPLACE (city or town) (State or country)  13. NAME Lenn 1  14. BIRTHPLACE (city or to (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or to (State or country)  INFORMANT Memor (Address) Cumb BURIAL, CREMATION, DR R Place Place UNDERTAKER	West Vir West Vir E. New West Vir De E. New De E. New West Vir De E. New West Vir De E. New De E. Ne	ginia vton ana Blades tana pital	in this	Name of operation	e an autopsy?_ lowing:, 19_ d State) IC PLACE.
MOTHER FATHER 17.	SAW MILL, BANK,  1D. Date deceased last won this occupation (monyear)  BIRTHPLACE (city or town) (State or country)  13. NAME Lenn i  14. BIRTHPLACE (city or to (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or to (State or country)  INFORMANT Memory (Address) Cumb  BURIAL, CREMATION, DR R Place	West Vir West Vir E. New West Vir De E. New De E. New West Vir De E. New West Vir De E. New De E. Ne	ginia vton ana Blades tana pital	in this	Name of operation	e an autopsy?_ lowing:, 19_ d State) IC PLACE.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIA	N

V. S. No. 1

STATE OF M.	ARYLAND-	CERTIFICA	TE OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE LIMITS (15-2) .
County Allegany	Registration Dist. No.
Village or City Carallelland	No. Ollegany top. St., 4 Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital of institution, give its NAME/instead of street and number)  ds. How long to U.S. If of to eign birth?
2. FULL NAME Henne Fricks	(f)
(a) Residence: No. 636 Shine av	est, 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white Pranced (write the word)	(Month) (Day) (Year)
5a. If narried, widowed, or divorced	
(or) WHTE of Learl Cameron	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Tel 29 1890	I last saw h_MA_alive on Que 17 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.75 cm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Septic sore throat 12-10-34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of importance?
12. BIRTHPLACE (city or town) Syary land	Obstruction to breathing duete
(State or country)	sharyngeal edemal
14. BIRTHPLACE (city or toyn) Scotland	0 1 10
14. BIRTHPLACE (city or town)	Name of operation. Lucille Cong. Date of 12-17-39
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Soral S. M. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
2005.NO	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT To Told In Inc.	Specify whether injuly occurred in industry, in nome, of in robelo reace.
18. BURIAL PREMATION, OR REMOVAL	Manner of injury
Process Prograte All 17-, 134	Nature of injury
19. UNDERTAKER Touil Standard	34. Was disease or injury in any way related to occupation of deceased?
(Address) Carlon and Mali	If so, specify Angel A
20. FILEDA DE 18, 1934 Harrief A Deces	(Signed) M. D.
Registrar.	(Address) 4.0 VI State And
as more visited are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Cumberland MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
JAN 8 .19.5				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE (	F DEA	TH	WITHIA	000000		- (27)			
	County	Alle	gany	141111111	CORPORATI	LIMITS		Registration Dist.	No.	4
	Village or	City	Cumberla	nd Md.		No.	emorial	Hospital	016	-/ Ward
					(1	death occurred in	a hospital or institu	tion, give its NAME inste	ad of street and	number)
						sas. no	ow long in U.S. If 0	f foreign birth?	_yrsm	osds.
			liss Ame							
	(a) Reside	nce: No	Meyersd	ale Pa.	of abode)	St.,	Ward.	If nonresident give ci	ity or town and	State
			ND STATIST				MEDICAL C	ERTIFICATE OF		Olate
	sex emale	4. cold Whi	or or race	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE (	OF DEATH Decembe	r 16,	(Đay)	, 193 4
5a	. If married, wido HUSBAND of	wed, or div	orced							(Year)
	(or) WIFE of					DE0-	HEREBY	CERTIFY, I	hat I attended	deceased from
6	DATE OF BIRTH	(month de	w and wasts 1.	av 15.	3000	Light saw h	alive on	1934, to DEC		199
		ears	Months	ay 15.	1900 •			d above, at 10:40		; death is said
	3	4	7	/	1 day,hrs.	The PRINCIPAL	L CAUSE OF DEAT	H and related couses of it		
z	Trade, prof	ession, or p	erticular		l ormin.	were as follows	2			Date of onset
OCCUPATION			erticular , as SPINNER, S EPER, etc	hirt Fa	actory	chal	aceail	in- C		oet-
JPA	9. Industry or work wa	business in as done, as	n which SILK MILL, etc			Ja	een Di	00 <del>-</del>		193X
S	10. Date decea			11. Total	time (years)	0				
0	this occi	upation (mo	onth and	spe spe	nt in this upation	Vieno	irnhag	e of green	L.	15-34
12	. BIRTHPLACE (c	ity or town)				Other Contribut	ery Causes of impo	rtance:		
12	(State or cou			yland		Signi	Don	Qu osue	46.	
ER	13. NAME N	oah (	Drendorf	•			7.7.1.7	CALLUZATIONE		
FATHER	14. BIRTHPLAC	E (city or to	own)			Name of operati	on		Date of	
		r country)		land		1073111111111111				
HER	15. MAIDEN NA	AME E	lizabeth	Miller	•	H		ses (VIOL ENCE) fill in als		
MOTHER	16. BIRTHPLAC	E (city or to	own)			N .		Date of		
2	(State o	r country)	Maryl	and		Where did injury	y occur?		10	
17.	(Address)	Memo Cumb	orial Hoperland	spital Md.		Specify whether	injury occurred in	(Specify city or town, INDUSTRY, In HOME, or	r in PUBLIC PL	e) ACE.
18.	BURIAL, CREMA			-	70 54	Manner of injury	y			
	PlaceAm	ii.sh	Cemeter	J_DateDe	c. 19,, 34	Nature of injury				
19		J. L	. TRESS	LER				y related to occupation o		
1	(Address)	MEY	ERSDALE	PA.		If so, specify	A		1	
20.	FILEDULE	118	193400	Mulax	Merca	(Signed		theur	MO	M. D.
					Registrar.	(Add	dress)	So Pentre	- Kl	

-WRITE PLAINLY, WIT

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	-----------	------------	----	-----------

	tem of infor-	should state	of OCCUPA.
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
DING	IANENT REC	ACTLY. F	ssified. Exac
MARGIN RESERVED FOR BINDING	S IS A PERM	e stated EX	e properly cla
RESERVEI	G INK-THI	GE should be	hat it may be
MARGIN	UNFADIN	supplied. A	in terms, so t
•	AINLY, WIT	d be carefully	DEATH in pla
	-WRITE PL	mation shoul	CAUSE OF

V. S. No.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	ADDODATE LIMITE (3)
County Ally News	Registration Dist. No.
Village or City ( sombell and	No. 1 46 Sudefermer St., 3 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME William Pain	ten
(a) Residence: No. 14 le . In dependence	L St. 3 Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (suprice they word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
58. H married wildowed or divorced HUSBAND of rellie Pointer	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 27-1870	I last saw h; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at
64 4 /3   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Frankistory 1937
kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 12 //// 2)  11. Total time (years)	
11. Total time (years) this occupation (month and /2/14/34 year) 12/14/34	him after death
12. BIRTHPLACE (city or town) Taly William	Other Coutributary Causes of importance:
(State or country)	Chrone Ruphed - 1937
13. NAME John W. Painter	fram History
4. BIRTHPLACE (city or town) (State or country)  13. Labelle Cal	Name of Speration Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lessoy Rodelich  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIDL ENCE) fill in elso the following:  Accident, suicide, or homicide?
(State or country) Berkley Cs.	Where did injury occur?
17. INFORMANT MM Nellie Painter	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / Date Dec 17 1934	Manner of injury
9 A. Butto	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER 4: Williams Mills (Addiess) Cumbuland Mil	If so, specify
20. FILED Let 12 184 Daniel & Marco	(Signed) MoJ- // November 1995
Registrar.	(Address) Much / My

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
JAN 9 103	i.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12064
1. PLACE OF DEATH	RPORATE LIMITS (15) .
County allegany.	Registration Dist. No.
Village or City Lerro Haland	No. Snessmal thousand St., 6 / Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital of institution, give its IVANVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Parken	
(a) Residence (No. 160 Mineow	St., 3 Ward.
(Usual place of abode)	If nonzesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED Familie the world)	21. DATE OF DEATH  (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at 124 m.
52 unk lady,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 8. Trade, profession, or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	tractured Skull
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10, Oate deceased last worked at	
this occupation (month end spent in this occupation	
12, BIRTHPLACE (city or town) Md	Other Contributory Causes of importance:
13. NAME	
) Tables	
(State or country)	Name of operation Dete of
15. MAIOEN NAME	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homography. Date of injury. 2/12/19.3 4
17. INFORMANT IN The Shepard	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Camberland, Ind.  18. BURIAL, CREMATION, OR REMOVAL	Home.
Place Lemmar Countries Countries Nec 2 8 1934	Manner of injury/ Fry Fry Huga meh won bur
· 1. 0+ 9	Nature of injury fractures sand
19. UNDERTAKER JOHNS Stein Alexander	24. Was disease or injury in eny way related to occupation of deceased?
1) = 6/21 / 1/2	If so, specify
20. FIXEBALL 37, 193X Manuel Manuel	(Signed) Ann Again, Cononidation, U.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURDAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# RGIN RESERVED FOR BINDING

OCCUPA. Jo plnods item Every PHYSICIANS statement RECORD. Exact PERMANENT TI classified (E) certificate. properly of back may on that instructions supplied terms. See plain carefully important. I DEATH should OF CAUSE STEP mation NOIL

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos.\_\_\_\_ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH R DIVORCED (write the word) (Month) 5a, If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at I day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF or\_\_\_\_ \_min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupetion (month end spent in this occupation \_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis?\_ ..... Was there an autopsy?. HER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: MOT Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed)

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 years
	11 try 1,1320	The following	1 year

V. S. No. 1

	REC
BINDING	A PERMANENT REC
X	A
٦ -	SI
KESEKVED FOR BINDING	INK-THIS IS
KGIN KI	NFADING

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12066
1. PLACE OF DEATH	93-0)
County allegany	Registration Dist. No.
Village or City Con Clean Con City	No. 344 Treolerick St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?msmosds.
2. FULL NAME Clem Sueu	ear St
(a) Residence: No. 70 8 (Usuar place of about)	Ward. Centermate Ohio
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the world)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Elever (?) (Guegear)	22. I HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year Feb. 22. 1881	I last saw ham affine on Dee 12 7, 19.3 \( \times \) (aath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 8: 40Pm
59 10 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	solale Coute gastute Date of onset
SAWYER, BOOKKEEPER etc.	Wilotofler A Hart 27
9 Industry or business the which work was done as SILK MILL SAW MILL, PANK ALL SAW MILL	asste indigestion.
10. Date decaasad last worked at this occupation (month and specific this	acute myocordities Duration, one month (420)
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	protable myrandy
	4 4
E Carried To the	7,100
(State or country)	Name of operation Date of
The state of the s	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
	23. If daath was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Arank Tury on a (Son	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL OREMATION, OR REMOVAL	Manner of injury
(menerole: Chips Mac 30, 1934	Nature of injury
19. UNDERTAKEN (Address)	24. Was disease or injury In any way related to occupation of dacaasad? ZCo
20. FILED ILL 2 8, 1934 Barney & Mensey Registrar.	(Signed) Alonge C Aolomand M.D. (Address) 145 Hours
Acgmun.	, divor,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# MARGIN RESERVED FOR BINDING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, WITE TION is very important. N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allegany NITHIN CORPO	RATE LIMITS Registration Dist. No.
Village or City Cumhuland	No. Allegang Son hatta St, Ward death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred 5 yrs mos.	
2. FULL NAME Edith Holgen Res	whast
(a) Residence: No. // S. Clusual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND ot (or) WIFE ot  A Rembia	22. 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) welly 3 , 188 6	t last saw h alive on Set 4 , 1984, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 4
64 - 5 - 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Nemarkage Tolky 1223
9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as Stlk MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spent in this	
this occupation (month end spent in this occupation coupation cocupation cocu	
12. BIRTHPLACE (city or town) Complexical (State or country)	Other Contributory Causes of importance:
	Affransi
13. NAME Money Jolgen  14. BIRTHPLACE (city or town)	Name of operation Date ot
(State of County)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME TONNY Inclose	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MANY SMALLER  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT TO THE OFFICE OF THE CANADA . (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place the files thank batean //, 19 34	Neture of Injury
19. UNDERTAKER Koris Stein One (Address)	24. Was disease or Injury in eny way related to occupation of deceased?
20. FILED Dee 7, 19 34 Harney Mees	(Signed) Dawer M. D.  (Address) Prompt of A. A.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cultivization	For Change Jage	see letter files	under Swygn 2/1/35

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ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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N. B.—WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 12068				
1. PLACE OF DEATH	(31)			
County Allinary WITHIN GOR	Registration Dist. No.			
Village or City Combuly	No. 215 Pearl St. @ Ward			
(If Length of residence in city or town where death occurred // yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foralgn birth?yrsmosds.			
m. 60'1 /6	0: / \			
2. FULL NAME Mary I. K cealer (K	(leader)			
(a) Residence: No. 2/ (Usual place of abode)	St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
Homale While married	(Month) (Dey) (Year)			
5a. If married, widowed or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decaased from			
(or) WIFE of Jan Aglader	Dr. J 193 4 to Des 11 1926			
6. DATE OF BIRTH (month, dey, and year)	I lest saw h alive on			
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at 3 Q Mm.			
52 9 4 1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEFEER atc.	Meserica Coma Date of onset			
	8			
9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacasad lest worked et this occupation (month and	193 \			
10. Date dacaasad lest workad et this occupation (month end year) occupation occupation				
Present	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town)	Chronic Endrudet 1021			
13. NAME How. Sife	1937			
14. BIRTHPLACE (city or town)	Name of operation			
(State or country)	What tast confirmed diegnosis? Wes there an autopsy?			
15. MAIDEN NAME	23. If daath was dua to axtarnal causas (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19			
(State or country)	Whare did injury occur?			
17. INFORMANT Itm Relader	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,			
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury			
Piace dellares Combote NIC 13, 1934	Nature of injury			
19. UNDERTAKER PRO Stein In	24. Wes disease or injury in any way raiated 16 occupation of dageased?			
(Addrass) Implicate	If so, specify			
20, FILED Nec ) 12, 1934 Barney of Tens	(Signad) M. D.			
Registrar.	(Address)			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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properly classified.

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CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

mation should be carefully supplied.

certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County allegany	Registration Dist. No.	1	
Village or City Bartun, MA	No.	Ward	
	f death occurred in a hospital or institution, give its NAME instead of street and s	l number)	
2. FULL NAME David allen 8	yrsyrs.	mosqs.	
(a) Residence: No. Government (Usual place of abode)	If nonresident give city or town an	nd State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH 26	, 193	
5a. If married, widowed, or divorced HUSBAND of		(Year)	
(or) WIFE of Bertie Tholong, Ross	22. I HEREBY CERTIFY That I attended.  Dec 26, 1974, to Dec. 20	d deceased from	
6. DATE OF BIRTH (month, day, and year) ( TV 3 1889	I last saw h. 1.44 alive on De C. 26 1934	death is said	
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at 9 20 m.		
45 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
3 Trade, profession, or particular kind of work done, as SPINNER,	Cholongitis und	Date of onset	
SAWYER, BOOKKEEPER, etc.	Choleeystitis	9	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	7 6 10 11 11 11 11 11 11		
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 9	Chronie Nephritis	?	
12. BIRTHPLACE (city or town) new Westernburt.	Other Contributory Causes of importance:	42 04 24	
(State or country) M. d.	Vremid	12-26-34	
13. NAME (acr), N. Ross.			
13. NAME acry, N. Ross  14. BIRTHPLACE (city or town) Lungernung	Name of operation Nane Date of		
(State of Country) / M. C.	What test confirmed diagnosis? Physical Sights Was there an	autopsy?_/	
15. MAIDEN NAME Mandanie M. Miller  16. BIRTHPLACE (city or town) M. Row Myesternfrot	23. If death was due to external causes (VIOL ENCE) fill in also the following		
16. BIRTHPLACE (city or town) 1 low hyperturn from (State, or country)	Accident, suicide, or homicide? Date of Injury	, 19	
Comes Qualli	Where did injury occur? (Specify city or town, county and St	ate)	
17. INFORMANT (Address) Branton M. 9	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	LACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Jesuel Mill Date le 77, 1994	Nature of injury		
19. UNDERTAKER / S Bray	24. Was disease or injury in any way related to occupation of deceased?	No	
(Address) South INU	If so, specify $\mathcal{D} = \mathcal{D} = \mathcal{D} + \mathcal{D} = \mathcal{D}$		
20. FILED. Des 28, 1934 S. a. Bone ha	(Signed) Paul Hour	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example, I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:	ISES Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	4.		2014
Other contributory causes of importance:	m-1=17	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

Length of rasidence in city or town where death occurred yrs mos	STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Village or City Village or City Langth of rasidence in city or town whars death occurred.  Village or City Langth of rasidence in city or town whars death occurred.  Vis	1. PLACE OF DEATH	(75)
Length of racidence in gity or town whars death occurred	County allegand	9 7
Length of residence in gits, or town where death occurred.  (a) Residence: No	Village or City Barton	NoSt.,Ward
(a) Residence: No.		
(a) Residence: No. About Cuasiples of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED, OR DIVORED Cupric tha word)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than 1 day, hrs, or min.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance  Ware es follows:  SATTRIBLE (city or town)  SATTRIBLE (city or town)  STATE (ci	(1) +	) I of long in 0.3.11 of longing bittin:
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (**price tha word)  5a. If marriad, widowed, or divorced HUSBAND of (**or) with E of (or) with E		Kuser
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DIVORCED (cyric the word)  D. DATE OF DEATH  21. DATE OF DEATH  22. I HEREBY CERTIFY, That I attended dacasead from the second of t		
3. SEX  4. COLOR OR RACE OR DIVORCED (spirit the word) So. If marriad, widowed, or divorced HUSBAND of (or) WIFE of (or) W		
HUSBAND of (or) WIFE of (or) WI	M. St. OR DIVORCED (refrice the word)	21. DATE OF DEATH
6. DATE OF BIRTH (month, day, and year) April 1   9   0    7. AGE Years Months Deys If LESS than 1 day,	HUSBAND of	The state of the s
Trade, profession, or perticular kind of work done, as SPINNER, ormin.  The PRINCIPAL CAUSE OF DEATH and related ceusas of importence ware es follows:  Date of onset  Trade, profession, or perticular kind of work done, as SPINNER, ormin.  Industry or business in which work was done, as SPINNER, ormin.  SAWYER, BONKEPPE, etc.  United the profession of perticular kind of work as done, as SPINNER, ormin.  Industry or business in which work was done, as SPINNER, ormin.  Industry or business in which work was done, as SPINNER, ormin.  Industry or business in which work was done, as SPINNER, ormin.  Industry or business in which work was done as SPINNER, ormin.  Industry or business in which work was done as SPINNER, ormin.  Industry or business in which work was done as SPINNER, ormin.  Industry or business in which work was done as SPINNER, ormin.  Industry or business in which work was done as SPINNER, ormin.  Industry or business in which work was done as SPINNER, ormin.  Industry or business in which was determined in the date stated above, atQu. Q	6. DATE OF BIRTH (month, day, and year) akr 1, 1910	
Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad et this occupation (state or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. PILIALE (CEMATION OR PENDVAL)  18. PILIALE (CEMATION OR PENDVAL)  18. PILIALE (CEMATION OR PENDVAL)	7. AGE Years Months Deys If LESS than	
Trade, profession, or perticular kind of work done, as SPINNER, Manuel SAWYER, BODKKEPFER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and yeer)  11. Total tima (yeers)  spant in this good, occupation (yeer)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Whet test confirmed diagnosis?  Was there an eutopsy?  23. If daath was due to externel causes (VIDL ENCE) fill In also the following:  "Accident, suicide, or homicide?  Date of injury.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		ware as follows:
12. BIRTHPLACE (city or town)   12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BIRTHPLACE (city or town)   18. BIRTHPLACE (city or town, county and State)   18. BIRTHPLACE (city or town, county and city or town, county and	Trade, profession, or perticular	
12. BIRTHPLACE (city or town)   12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BIRTHPLACE (city or town)   18. BIRTHPLACE (city or town, county and State)   18. BIRTHPLACE (city or town, county and city or town, county and	SAWYER, BOOKKEEPER, etc.	( From report history)
12. BIRTHPLACE (city or town)   12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BIRTHPLACE (city or town)   18. BIRTHPLACE (city or town, county and State)   18. BIRTHPLACE (city or town, county and city or town, county and	work was done, as SILK MILL, Coal Mile	
12. BIRTHPLACE (city or town)   12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BIRTHPLACE (city or town)   18. BIRTHPLACE (city or town, county and State)   18. BIRTHPLACE (city or town, county and city or town, county and	10. Date deceased last workad et 11. Total tima (yaers)	
13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. PURIAL CREMATION OF PENOVAL		
13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. PURIAL CREMATION OF REMOVAL	12. BIRTHPLACE (city or town) Janett County	Other Contributory Causes of Importance:
Whet test confirmed diagnosis? Was there an eutopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  Whet test confirmed diagnosis? Was there an eutopsy?  23. If daath was due to externel causes (VIDL ENCE) fill in also the following:  Accidant, suicide, or homicide? Date of injury, 19  Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
Whet test confirmed diagnosis? Was there an eutopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  Whet test confirmed diagnosis? Was there an eutopsy?  23. If daath was due to externel causes (VIDL ENCE) fill in also the following:  Accidant, suicide, or homicide? Date of injury, 19  Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	13. NAME Genry Schrover,	
Whet test confirmed diagnosis? Was there an eutopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  Whet test confirmed diagnosis? Was there an eutopsy?  23. If daath was due to externel causes (VIDL ENCE) fill in also the following:  Accidant, suicide, or homicide? Date of injury, 19  Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	14. BIRTHPLACE (city or town) Laurett County	Name of operation Data of
Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Addrass)	(State of Country)	Whet test confirmed diagnosis? Was there an eutopsy?
Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Addrass)	1 15. MAIDEN NAME Mary Jazentaker	23. If daath was due to externel causes (VIDL ENCE) fill in also the following:
Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Addrass)	o 16. BIRTHPLACE (city or town) January County	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT () Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Addrass)  18. PUBLIAL CREMATION OF REMOVAL	(State of godnity)	(Specify city or town, county and State)
19 DIDIAL OPENATION OF DEMOVAL		Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
		Mannar of injury
Placa Muscow, mli, Date Dec V 0,1934 Nature of injury	Placa Muscow md' Date Deel VO,1934	
19. UNDERTAKER A S Boal 24. Was disease or injury in any wey related to occupation of dacaased?		24. Was disoase or injury in any wey related to occupation of dacaased?
(Address) Souton, Ma If so, spacify 17	(Address) Satton, ma	If so, spacify
20. FILED Dec 19, 1934 S. a. Boucher (Signed) Don ther M. I Registrar. (Address) Day low		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclérosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

# PHYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WIT

MARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	T MAKI	LAND	CERTIFICATE OF DEATH
County allega	my.		Registration Dist. No. 12
Village or City Mugation  Length of residence In city or town where d	mal(		No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME 2nf	(Usual place of	unu	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIE OR DIVORCED (	ED, WIDOWED, (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended dacassed from 1934, to 1934, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Days	If LESS than 1 day, 2 hrs. ormin.	I last saw harman alive on
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time	e (yeers)	Premaline buth 1/2/18/2
this occupation (month end year)  12. BIRTHPLACE (city or town)  (State or country)	spanti occupa val - m	n this tion	Other Cuutributory Causes of Importance:
13. NAME Leron She	une		
13. NAME Levery She 14. BIRTHPLACE (city or town) (State or country)	ryland		Name of oparation Date of What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	lysles infland hearer	<i>f</i>	23. If daath was due to axternal causes (VIOLENCE) fill in elso the following:  Accidant, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	upDate Dec	-19.,19.34	Menner of injury
19. UNDERTAKER Leave (Addrass)  20. FILED 3eb. 1st, 19.35	Matimal Rational	Registrar.	24. Was disease or injury in any way ralated to occupation of dacaased?  If so, spacify  (Signad)  (Addrass)  (Addrass)  (Addrass)
**			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
TIDDATION	OT TION I	TO T. OTOTATATE	MAY A TANKE THE TANK A THE	10 1	Y YY Y ON ONLY Y

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH 4 classifled Registration Dist. No. St.: Ward) (If death occurred in a hospitai er institution, give its NAME in-stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH (Day) (Month) (Year) If LESS than 7 AGE I day, hrs. The CAUSE OF DEATH ds. or \_\_\_\_min.? B OCCUPATION (a) I rade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country 10 NAME OF FATHER 11 BIRTHPLAC Causing Death, or, in deaths from the Discase Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. RENT C (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Biospitals, Institutions, Trans-1 OF MOTHER ients or Recent Residents) 00 tat 13 BIRTHPLACE In the At place of death. OF MOTHER (State or country) Ö Where was disease contracted, T if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE shoul of usual residence. Every It 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Filed If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

BINDING

O L

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) filliess of various pursuits can be known. The queser," etc., capation is very important, so that the relative health business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer,""Forcman,""Manager,""Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. first line will be sufficient, e. g.. Farmer or Planter, Foreman, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Woin-(b) Grocery; engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin: "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "(Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases approved by Committee on (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; or intercurrent) affection need Chronic valvular heart discase; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. Let the data is essential and must be obtained before the certificate is permanently filed.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

N. B.—WRITE PLAINLY, WIT

STATE O	F MARYLAND—CERTIFICATE OF DEATH	1207

1	PLACE !	OF DEATH						
	County	alle	ramy		·		Registration Dist. No	12
	Village or	City	id 8	mo		No		_St.,Ward
	Length of r	esidence in city or to	wn where des	th occurred			nstitution, give its NAME instead of S. If of foreign birth?yrs	
-			10+	000	0	and the state of t	or totalga bitth:	us.
2.	FULL N		Jane	woun	Sump	sow		
	(a) Resid	ence: No.		(Usual place	of abode)	St.,Ward.	If nonresident give city or	town and State
	PERSC	NAL AND ST	ATISTIC	AL PARTI	CULARS	MEDICAL	CERTIFICATE OF DE	***
3. S	EX	4. COLOR OR R	RACE	or DIVORCE	RIFD, WIDO WED, (write the word)	21. DATE OF DEAT	H Dec. 2 nd (Month) (Pay)	, 193 <del>//</del> (Year)
5a.	If married, wid HUSBAND of	owed, or divorced	1-44			22	()/	
	(or) WIFE of				96	22. HERE	BY CERTIFY, That I	attended deceased from
6. D	ATE OF BIRT	H (month, day, and ye	· 0	ec, 1-	1924	I last saw that Statistic on	Sec 2-	death is said ؛ الله الم
7. A			lonths	Days	If LESS than 1 day,hrs.	to have occurred on the date The PRINCIPAL CAUSE OF I	stated ebove, at 9 P. m. DEATH and related causes of import.	
T	8 Trade pro	fession, or particular			ormin.	were as follows:		Date of enset
NO.	kind o	f work done, as SPIN ER, BOOKKEEPER, etc	INER.			Shortune	us Cilmtem	12/1/10
OCCUPATION		r business In which vas done, as SILK MI IILL, BANK, etc					······································	7.7.
000	10. Date dece	ased last worked at cupation (month end		11. Totel ti	me (years) t in this pation			
12.	BIRTHPLACE (		ord-	hid		Other Contributary Causes of	Importance:	
2	13. NAME	W/mi	Sim	the me				
FATHER	14 BIDTUDI A	CE (city or town)	ma	in O and	4	M		
FA		or country)		June		the state of the s	.2	
ER	15. MAIDEN I	IAME Cuio	la C	LOWE			? Was il causes (VIOL ENCE) fill In elso the	
MOTHER		CE (city or town) or country)	mai	yland			? Date of injur	
17. 1	NFORMANT(Address)	aida	Sur	pen	241/		(Specify city or town, count ed in INDUSTRY, in HOME, or in Pl	y and State) UBLIC PLACE.
18. (		ATION, OR REMOVAL	L	VIII A	7.01	Menner of injury	********************	***************************************
	Place			.Date	, 19	Nature of injury		
19. 1	JNDERTAKER .					1	ny way related to occupation of dece	eased?
20. 1	yest A	.1 st , 1935		RIST	Registrar.	(Signed) (Address)	n Durmit	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			112/12/32

STATE OF MARYLAND-CERTIFICATE OF DEATH

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ..... Date of injury...... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 24. Was disease or injury in any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

BINDING FOR ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

Williams

STATE O			CERTIFICATE OF DEATH 12075	
County Allegany	WITE	IIN CORPO	PRATE LIMITS Registration Dist. No. 4	
Village or City Cumberl	and Md.		No. Memorial Hospital St 6-/ Ward	đ
		(H	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Mrs. Marg				
(a) Residence: No. Mt. Sava	ge Md.		St., Ward.	
PERSONAL AND STATISTIC			If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIE OR DIVORCED ( Marri	ED, WIDOWED, write the word)	21. DATE OF DEATH December 11, 193 4	-
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Tri	eber		22.   HEREBY CERTIFY, That I attended deceased from	n
6. DATE OF BIRTH (month, day, and year)	May 22,	1862.	i last saw h & alive on / 2 - 1934 death is said	d
7. AGE Years Months 62	Days / 9	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, a 2:14 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, H.C. SAWYER, BDDKKEEPER, etc		(years) n this	Matture O Kull (2-10-3) (2-10-3) (2-10-3)	4
12. BIRTHPLACE (city or town) Pennsy	rlvania		Dther Contributory Causes of importance:	
13. NAME James Findl	ey,		A -	
	land	**	Name of operation Date of Date of What test confirmed diagnosis? The Was there an autopsy? Ne	
15. MAIDEN NAME Rose Ann F  16. BIRTHPLACE (city or town) (Stete or country)  Per	Reed, nnsylvani	-a	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT Memorial Hosp (Address) Cumberland			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place MA Sassay	Date Llec	14 ,1234	Manner of injury	-
19. UNDERTAKER 15 1 Alexander (Address) 1 Anna th	JA J	hal	24. Was disease or injury in any way-retried to occupation of deceased?	-
20. FILED 200 1, 1934 K/	relen Ft.	Registrar.	(Signed) A A A A A A A A A A A A A A A A A A A	5
li ama If more b	lanks are needed, add	ress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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WINDS AN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOI	REURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

MARGIN RESERVED

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JAN 8 1935				
Other contributory causes of importance:		Other contributory causes of importance:	1114	
Gallstones	May 1,1923	Gastroenteritis	1 year	

			5	IAIE	. O	F	MAR	١
1	I. PLAC	E OF D						
	Count	у	Al	lega	ny			
	Village	e or City	<u>C</u>	ldto	wn.	Mc	ì	
	Length	of residence	in cit	y or lown w	here de	eath occ	urred	
1	. FULL						.M.T	1
gazzita da	(a) R	esidence: N	lo	013		n.	Md sual place	-
		SONAL	ANI	DSTAT	ISTI	CAL	PARTI	
3.	sex Fen	ale 4.0		or RACE			CLE, MARI PLYORCEL	
5a.	II married, HUSBANI (or) WIFI	widowed, or D of E of	divor 3ec	H.T	wig	g.		
6. 1	DATE OF B	IRTH (mont	h, day.	and veer)	Aug	.28	3.187	
	AGE	Years		Menth			Days	Ī
		63		3			13	
LION	8. Trade, kir SA	profession, d of work d WYER, BOO	or par one, a KKEEP	ticular s SPINNER ER, etc	:Н	ous	se wi	
OCCUPATION	WO	ry or busine rk wes done W MILL, BA	. as SI	LK MILL.				
00	thi	leceased last s occupation ar)	(mont	th and			1. Total tir spen occur	ŧ
12.	BIRTHPLA	CE (city or to or country)				d		
HER	13. NAME		De	enton	h B	ucj	7	
FAT		PLACE (city ate or count		/n)			Md	
HER	15. MAIDE	N NAME		Hann	an	Wol	lford	
MOT		PLACE (city ate or count		n)				
17.	INFORMAN (Addres	T(	Guy	.W.T	wig	8. N	nd	
18.		EMATION, O	OR RE	MOVAL				
19.	UNDERTAK			hn.C				
	(Addres	. /	_	- dillibe	1 1 0	LIC	00	

LAND-CERTIFICATE OF DEATH

1. PLACE OF DEA				(46) .		
CountyA	llegany				Registration Dist. No.	4
Village or City	Oldtown.	Md		No. Oldtown	· Md	Ward
Length of residence in c	ity or lown where de	oth coursed	(11	death occurred in a hospital or institu	tion, give its NAME instead of street as	d number)
				as. How long in U.S. ti o	f foreign birth?yrs	_mosds.
2. FULL NAME		lie.M.	MT88.			
(a) Residence: No	Oldtow	n • MQ (Usual place	-C-1-J-3	St.,Ward.		
PERSONAL AN	D STATISTIC			MEDICALC	If nonresident give city or town a ERTIFICATE OF DEATH	nd State
	R OR RACE		R1ED, W1DOWED,	21. DATE OF DEATH		
Female	White	OR DIYORCE	Dewrite the word)	ZZI DATE OF DEATH	Dec.10.1934	193
. II married, widowed, or divo	orced				(Month) (Day)	(Year)
HUSBAND of Ge (or) WIFE of	o.H.Twig	g.			CERTIFY, That I attended	
				Deft 15	1934, to Sec 10	
DATE OF BIRTH (month, day				I last saw he_e_ alive onq	Oce 10 ,193	Z_; death Is said
AGE Years	Menths	Days	If LESS than 1 day,hrs.	to have occurred on the date state	,	
63	3	13	ormin.	were es follows:	'H and related causes of importance	Date of onset
8. Trade, profession, or pa kind of work done,	OF CDIMMED	011.00			<u></u>	about
SAWYER, BOOKKEE  9. Industry or business in	which	ouse w	rra	Yastrie	Carcinna	dex 24
work wes done, as S SAW MILL, BANK, e	SILK MILL,					
10. Date deceased last wor	rked at	11. Total ti	me (years)		***************************************	
year)			tin this pation			
. BIRTHPLACE (city or town)	M	d		Other Contributory Causes of Impo	rtance:	
(State or country)						
13. NAME D	enton1 B	ucy		0	************************	
14. BIRTHPLACE (city or to	wn)	Md		Name of operation	Poto of	
(State or country)				What test confirmed diagnosis?	ugical Was there ar	autopsy?
15. MAIDEN NAME	Hannan	Wolford	1		ses (VIOL ENCE) fill in also the followi	
16. BIRTHPLACE (city or to	wn)		Md		Date of injury	
(State or country)				Where did injury occur?		
	y.W.Twig			Specify whether injury occurred in	(Specify city or town, county and SI INDUSTRY, in HOME, or in PUBLIC P	ate) PLACE.
	mberland	. Md				
BURIAL, CREMATION, OR R		Dec	12.1934	Menner of injury		
			12 - 119	Nature of Injury	***************************************	
	ohn.C.Wo			24. Was disease or injury in any we	y related to occupation of deceased?	no
(Address)	Cumberla	nd. Md		If so, specify	-/A	
FILED Ree 12/34 ,1	9 Carrie	a. Oho	mholt	(Signed)	annek	M. D.
		doc	al Register.	(Address)	imbulary h	W.

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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Migary WITHIN CORPO	DRATE LIMITS Registration Dist. No. 4
Village or City Liland	ND. 55 5
	ds. How long in U.S. if of foreign birth? 3.5 yrs. mos. ds.
2. FULL NAME hathan Warner	ld
(a) Residence: No. 5.5.5 9 Ancehanic (Usual place of abode)	St., 2 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write-tha word)	21. DATE OF DEATH & 1934
5a. If married, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of Cory WIFE of Rachall	22.   HEREBY CERTIFY, That I attended deceased from
1814	I last sew h 222 alive on Alec 8 1934 deeth is seid
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	to heve occurred on the deta stetad ebove, at 12 4m.
73.   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trada, profession, or particular kind of work dona, as SPINNER, Antomotice SAWYER, BDDKKEEPER, etc	Cerebral Lemorrhage
9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	- Avia G
10. Data daceesed last worked at this occupetion (month and yeer)	
12. Birthplace (city or town) (Stata or country)	Dther Cantributery Causewof importance:
13. NAME unknown	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME	What test confirmed diegnosis? Was there an eulopsy?
16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to externel causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Burgamin Manigold (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place the Line Detalle 9, 1934	Neture of injury
19. UNDERTAKER Annis Stern Inc.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEPLES 8, 1934 Offerney Hollers	(Signed) M.D.

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JAN 8 1500			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. supplied. mation should be carefully N. B.—WRITE-PLAINLY, WIT

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DE	-A	) F	1	F	)	(	F	T	A	1	(		H	T	R	F			D	V	1	A		Y	R	A	VI.	1	F	0	F	TI	TA	S
-------------------------------------	----	-----	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	--	---	---	---	---	--	---	---	---	-----	---	---	---	---	----	----	---

County Wilage or City Pleasance of City and County State of City of town where deeth occurred. The county of the c	1. PLACE OF DEATH	CERTIFICATE OF DEATH
Village or City Plle 1 (If death occurred in a hospital or institution, ave in NAME instead of steet and number)  Langth of residence in city or town where deeth occurred 3.5 yrs	County Allegann	Registration Dist No. 14
Langth of residence in city or town where deeth occurred 3. yrs	Village or City Ellerslie	No. St Ward
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR, DAYOCKED (which the wydo) OR, DAYOCKED (which		death occurred in a norphar of institution, give its IVAIVIE instead of street and number)
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  1. SIX  1. COLOR OR RACE  OR DIVOKED Gravithe buy(d)  Sa. H. martied, widowed, or divorced (Gravithe of Gravithe of	2. FULL NAME Somme and Wes	nsulp)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARKEID, WIDOWED  6. DATE OF DEATH  21. DATE OF DEATH  22. I HE REBY CERTIFY, That I attended decessed from (hoofth) (by)  6. DATE OF BIRTH (month, dey, and yeer)  6. DATE OF BIRTH (month, dey, and yeer)  7. AGE  8. Trade, profession, or perticular in the common of the common	(a) Residence: No.	St, Ward.
So. It merried, widerwed, or giverced HUSANDO OF HUSAND	PERSONAL AND STATISTICAL PARTICULARS	
59. H merited, widowed, or givorced HUSBAND (Cor) WIFE of Cord WIFE of	OR DIVORCED (write the word)	21. DATE OF DEATH /2- /3-193 4
HUSBAND of (or) WIFE of WIFE o	5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
7. AGE Veyrs Membre Days If LESS than I dey. hrs. or min.  8. Trade, profession, or perticular Response of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the process of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the process of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the process of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importence was a state of the PRINCIPAL CAUSE OF DEATH and releted causes of importance and the PRINCIPAL CAUSE OF DEATH and releted causes of importance and the PRINCIPAL CAUSE OF DEATH and releted causes of importance and the PRINCIPAL CAUSE OF DEATH and releted causes of importance and the PRINCIPAL CAUSE OF DEATH and releted causes of importance and the PRINCIPAL CAUSE OF DEATH and releted causes of importance and the PRINCIPAL CAUSE OF DEATH and releted causes of importance and the PRINCIPAL CAUSE OF DEATH and releted cause	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
7. AGE Vers Months Days II LESS than to heve occurred on the date stated above, et. 2.50 mm.  10 8. Trade, profession, or perticular dely min.  10 10 10 10 10 10 10 10 10 10 10 10 10 1	6. DATE OF BIRTH (month, dev. and yeer) 41 / 1873	I lest saw h. Taffve on 12-11-1934 death is said
8. Trade, profession, or perticular SAWYER, BOOKREPER, etc.  9. Industry or business in which saw was done as SIX th MILL, SAW MILL BARK, etc.  10. Date deceased lest worked et this occupation (month and year)  12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece  19. UNDERTAKER  A TAGE OF DESTRIBUTE CASSE OF DEATH and releted causes of importance:  Data of onest  10. Date deceased lest worked et this occupation (month and year)  17. INFORMANT  (Address)  Manner of injury  Neture of injury  Neture of injury  Neture of injury  19. UNDERTAKER  A TAGE OF DESTRIBUTE CASSE OF DEATH and releted causes of importance:  Data of onest  Data o		( :
BE Trade, profession, or perficulter  kind of work done, es SPIRMER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAM MILL, BARK, etc.  10. Date deceased lest worked et this occupation (month and year)  12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece  (Address)  19. Where dispury in eny wey releted to occupation of deceased?  19. UNDERTAKER  Analogy  (Signed)  19. What lest on country in eny wey releted to occupation of deceased?  (Signed)  19. Westernal causes (Note to occupation of deceased?  (Signed)		ware as follows:
12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place Place  19. UNDERTAKER	8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Data of onset
12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place Place  19. UNDERTAKER	9. Industry or business in which	DO COME
12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place Place  19. UNDERTAKER	SAW MILL, BANK, etc.	Lavoure Hypeartition
12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Plece  Plece  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Stete or country)  17. INFORMANT (Stete or country)  18. BURIAL, CREMATION, OR REMOVAL Plece (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Stete or country)  19. UNDERTAKER	- Shallful fill?	J
13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Plece   19. UNDERTAKER   19.	12 DIDTUDI ACE (aitu ar taum)	Other Coutributary Canses of importance:
What test confirmed diegnosis? Wes there an au'opsyst Q  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece  Plece  Plece  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)		Contra al STat
What test confirmed diegnosis? Wes there an au'opsyst Q  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece  Plece  Plece  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	13. NAME Jacob Kennell	A Comme
What test confirmed diegnosis? Wes there an au'opsyst Q  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece  Plece  Plece  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	14. BIRTHPLACE (city or town)	Name of operation Date of Date of
Where did injury occur?  17. INFORMANT And State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place State State Date 12 15, 193 4  Neture of injury  19. UNDERTAKER And State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place State State Specify Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  19. UNDERTAKER State State State State State State Specify Speci	(Stete or country)	What test confirmed diegnosis? Exam. Wes there an autopsych Q
Where did injury occur?  17. INFORMANT And State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place State State Date 12 15, 193 4  Neture of injury  19. UNDERTAKER And State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place State State Specify Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  19. UNDERTAKER State State State State State State Specify Speci	15. MAIDEN NAME Insan Alland	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
Where did injury occur?  17. INFORMANT And State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place State State Date 12 15, 193 4  Neture of injury  19. UNDERTAKER And State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place State State Specify Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  19. UNDERTAKER State State State State State State Specify Speci	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece And State Date 12-15, 193 4  19. UNDERTAKER (Address)  19	(State or country)	Where did injury occur?  (Specify gity or town county and State)
Plece Proce Hold Company Date 12, 193 4 Neture of injury.  19. UNDERTAKER And Stand Jane		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19. UNDERTAKER Anis Stein Jane . 24. Wes disease or injury in eny wey releted to occupetion of deceased? December 12/14, 1934 Stein Stein Signed . (Signed) . We still see the second second see the second s	D 7/1-1.	Manner of injury
20. FILED 12/14, 1934 Alayd works (Signed) I William M.	Plece USE Still Un Date 12 13, 1934	Neture of injury.
20. FILED 12/14 134 Land wafe (Signed) / W. Milliam M.		
20. FILED	(AUUTESS) Completed	X VIII.
	20. FILED T, 1934 Jogd Wofe Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
	11		
Other contributory causes of importance:		Other contributory causes of importance:	- 4
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County allegant	Pagistration Disk Ma (2
PHIN CARPONIATE LINES A - / -	Registration Dist. No. Q
Village or City August	No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town whera death occurredyrs	Amosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME plans fres f	yle Wilhing
(a) Residence: No. Cubul	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWI OR DAVORCED (write, the wo	
tende White Single-	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attanded daceased fro
C DATE OF BIRTH (most) down and many ( ) 1 9 8 4	I last saw h. & Y. alive on Dec 4 1934; death is sai
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS to	
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	n. Were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bronchit I
9. industry or business in which	Broxelo Incumonia
work was done, as SILK MILL, SAW MILL, BANK, atc	the tranche-presumona Rad shout spored 178/30
0 10. Data deceased last worked at this occupation (month and spent in this 2	- Ry when Ala developed a psychomore phartie
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Westernhart	The litis -
(State or country)	
13. NAME / ermet Wilkin	
14. BIRTHPLACE (city or town)	Nama of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Wilma H home	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME William The land 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (Stata or country) W. Yu.	Where did injury occur?
17. INFORMANT Bermit Wille's	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Wisternhoot of	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I faile Contente Vec 6, 19	3-4- Nature of injury
19. UNDERTAKER D-S. Brat.	24. Was disease or Injury In any way related to occupation of deceased?
(Address) By to M	If so, specify
Decilo 340 Cara de ho	(Signed) Sheet M
20. FILED 19 Registr.	
	istrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:	, (a) (a)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. PLAINLY, -WRITE

MARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
	(i).
County County	Registration Dist. No. 24
Village Dr City A Landon	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred vrs. 3 mos.	
2 2/10	<i>A</i>
2. FULL NAME Juyenand Mal	7
(a) Residence: No. 2 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	12 9 102 H
Inale Held Sugo.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	12-9 1934 to 12-9 1984
a part of part ( ) and	I last saw he alive on 12-9, 1934; death is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys 1 If LESS than	to heve occurred on the date stated above, at
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted couses of importance
O Ormin.	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	Dephtherea
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	
Peidmot	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State er country)	
13. NAME THE WILL THE	
E Vada I i a la la	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diegnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) - 5 44 hampson	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Kanlinglang	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT July Miles A. J.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Western tons IMA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 19 19 1 1 - Date 1 19 54	Nature of injury
19 UNDERTAKER AND ALLSTALL	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Barton My	If so, specify
20, FILED Dec 14, 1934 QQ	(Signed) Kry your Th. / sever M. D.

(Address) (\_\_\_\_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 3 3	
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1	. PLACE O			CERTIFICATE OF DEATH	408
	County	auce	gancy THIN C	Registration Dist. No.	4
	Village or	City Crew	berland	No. 605 Columbia St.	3
	Length of res	idence in city or town wh	nere death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street andmosds. How long in U.S. if of foreign birth?yrs	
2	. FULL NA	ME 2/1/	born w	l+	
	(a) Reside		5 Columbia	St., 3 Ward.	
	(a) Neside	100. 140.	(Usual place of abode)	If nonresident give city or town an	d State
	PERSON	NAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 9	SEX (	4. COLOR OR BACE	5. SINGLE MARRIED, WIDOW OR DIVORCED (wite the w	rd)	., 193
5a.	If married, widow HUSBAND of (or) WIFE of	wed, or divorced		(Month) (Day)  22. I HEREBY CERTIFY That I attended	decees
			// " " " " " " " " " " " " " " " " " "	100 / 100 / 100 / C	,, 1
		(month, day, and year)	Mec 10, 193		; deat
7. /	AGE Ye	ars Months	Days If LESS 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Z	8. Trade, profe	ession, or particular work done, es SPINNER,		- Atom	Date
OCCUPATION	SAWYER	R, BODKKEEPER, etc business in which		Callotte	61
UP/	work we	s done, as SILK MILL, LL, BANK, etc			
220		sed last worked et ipation (month and	11. Total time (years) spent in this		
	year)		occupation	Ohe Catalana Canada	
12.	BIRTHPLACE (c	ity or town) Cur	nberland, m	Other Contributory Causes of importance:	
1	(State or cou	intry)	a dilion		
HER	13. NAME (1	alligh (	i, will		
FAT	14. BIRTHPLAC	E (city or town)	arrett to, Med	Name of operation	
	(State of Country)			What test confirmed diagnosis?	au opsy
MOTHER	15. MAIDEN NA	IMEGANA /	- ay wayron	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
101	16. BIRTHPLACE		ccoole, ma,	Accident, suicide, or homicide? Date of injury	, 1
~	(State o	r country)	and Dayton	Where did injury occur?(Specify city or town, county and Sta	
17.	INFORMANT (Address)	y mrs Ra	leigh C. Wilt	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	LACE.
18	-	TIDN, OR REMOVAL		Manner of injury	
	Place6_0	3- Calkanol	Date 10 -10	7.4. Nature of injury	
19.	UNDERTAKER	Rally	of Chilly	24. Was disease or injury in any way related to occupation of deceased?	
	(Address)	1/		If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	<b>*</b>			
5	Other contributory causes of importance:	17/2		
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:		

ADDITIONAL SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. B.-WEIDE PLAINLY, WIT.

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.0.
County allegan - WITHIN CORE	PORATE LIMITS Registration Dist. No. 4
Village or City Ismaterland	No. 301 2 Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrsmo	
2. FULL NAME Frank & yes	der
(a) Residence: No. 3 Q / January (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Canline Casteel	22. HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and promise 29 1875	I last saw h. Malive on Dec 28 , 1934; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete steted above, etm.
59 10 29 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	- A
kind of work done es SPINNER, Shunch	Serone allyvender 1932
9. Industry or business in which work was done, as SILK MILL, Fuel Street	
10. Oate deceased last worked et this occupation (month and spent in this	
yeer) occupation	Other Centributery Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	o pec
	- Mean Militation 70
13. NAME 13. NAME 14. BIRTUPLACE (city or town)	1734
(State or country)	Neme of operation
	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME many the alfred.  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
Content county	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT AND TE. GRADE	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tellous Les Date 12-31, 1935	Neture of injury
19. UNDERTAKER Tris Stein I ac -	24. Was disease or injury in any way related to occupation of deceased?
(Address) Consterla	If so, specify
20. FILED 29, 1934 Haruly Mec. Registrar.	(Signed) M. D. (Address) A B Da Co
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of cpilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL.	SPACE	FOR	RURTHER	STATEMENTS	RY	PHYSICIAN
WINDITIONWE	STAUE	LOI	T. O ICT HITTIE	STATIMITMID	DI	THISICIAN